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ABSTRACT

Written for trainers of day care staff, this guide provides help in communicating to day care personnel the information presented in "Health in Day Care: A Manual for Day Care Providers," originally developed by a division of the Massachusetts Department of Health and adapted for national use by the Georgetown University Child Development Center. The guide suggests training workshops for many of the issues presented in the manual. Workshop topics include creation of a healthy environment, toileting, center safety, emergencies and first aid, preventive health care, nutrition, special needs, child abuse and neglect, chronic health conditions, infectious diseases, care of the mildly ill child, and health and safety education for preschoolers. Each topic is introduced, and one or more suggested activities for each topic are described. Introductions contain a brief statement regarding the purpose of the activities and the sections of the manual concerned. Each activity is described in terms of concepts, approximate time needed, materials needed, process, and procedures. In several sections of the guide, materials originally developed for Head Start personnel have been used. A resource list of 19 children's books on safety, and citations of 8 examples of health and safety curricula, are included. (RH)

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HEALTH IN DAY CARE

A Training Guide for Day Care Providers

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Health in Day Care

A Training Guide for Day Care Providers

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FORWARD

Day care in the United States has undergone a period of unprecedented growth. Since 1977, the number of licensed child care programs has increased by 72% to over 61,000 centers and 161,000 family day care homes nationwide. Almost 50% of all children under six years of age have working mothers. Most of these children are cared for through out-of-home arrangements.

The day care experience has both positive and negative implications for the health and safety of the children. On one hand, children are now exposed to a wide range of contagious diseases at a younger age. On the other hand, day care settings offer numerous opportunities for health education and the promotion of good preventive health practices among children, staff, and parents.

Day care staff are in need of training to prevent the spread of disease and to reduce the occurrence of injuries. In addition, staff need assistance promoting the delivery of preventive health services such as immunizations and health screenings.

The training Guide was developed through funds given by the Administration for Children, Youth and Families to Maternal and Child Health. Special thanks to Dr. Pamela Coughlin for her ongoing support. Thanks also go to Lisa Myers for typing and formatting and to our conscientious team of editors.

CONTENTS

TOPIC	*TIME*	*ACTIVITY*	*PAGE*
INTRODUCTION			3
CREATING A HEALTHY ENVIRONMENT			
ACTIVITY ONE	45 MIN.	Handwashing	6
ACTIVITY TWO	90 MIN.	Health/Safety Considerations	10
ACTIVITY THREE	45 MIN.	Room Arrangement	20
TOILETING			
ACTIVITY ONE	45 MIN.	Health/Safety Considerations	23
ACTIVITY TWO	60 MIN.	Developmental Considerations	27
SAFETY			
ACTIVITY ONE	60 MIN.	Safety In/Outside	32
ACTIVITY TWO	60 MIN.	Dangerous Toys	43
EMERGENCY/FIRST AID			
ACTIVITY ONE	60 MIN.	Emergency/First Aid Preparations	47
PREVENTIVE HEALTH CARE			
ACTIVITY ONE	30 MIN.	Health/Developmental Screening	55
ACTIVITY TWO	120 MIN.	Developmental Red Flags	61
ACTIVITY THREE	30 MIN.	Dental Health Care	79
NUTRITION			
ACTIVITY ONE	120 MIN.	Nutritional Needs	84
ACTIVITY TWO	60 MIN.	Developmental Issues	97
CHILDREN WITH SPECIAL NEEDS			
ACTIVITY ONE	60 MIN.	Staff Attitudes	102
ACTIVITY TWO	90 MIN.	Teaching Adaptations	106

TOPIC	*TIME*	*ACTIVITY*	*PAGE*
CHILD ABUSE AND NEGLECT			
ACTIVITY ONE	60 MIN.	General Considerations	116
ACTIVITY TWO	60 MIN.	Reporting Procedures	124
CHRONIC HEALTH CONDITIONS			
ACTIVITY ONE	60 MIN.	Preparations & Procedures	127
INFECTIOUS DISEASES			
ACTIVITY ONE	60 MIN.	Reducing the Spread Of Diseases	135
ACTIVITY TWO	60 MIN.	Procedural Considerations	144
CARE OF THE MILDLY ILL CHILD			
ACTIVITY ONE	90 MIN.	Procedures For Care	149
HEALTH & SAFETY EDUCATION FOR PRESCHOOLERS			
ACTIVITY ONE	60 MIN.	Designing Activities	159

INTRODUCTION

This Guide was written to accompany **Health in Day Care: A Manual for Day Care Providers** originally developed by the Preschool Health Program, a Division of Family Health Services, Massachusetts Department of Public Health and adapted for national use by the Georgetown University Child Development Center. The Manual provides comprehensive information for day care providers on major health and safety issues. This Guide was written for trainers of day care staff. It provides guidance in communicating the information originally presented in the Manual to day care personnel. It is the belief of the authors that day care staff integrate and use information more effectively when they have the opportunity to discuss and process the information initially. It is therefore suggested that, to the extent possible, day care personnel are presented the Manual in conjunction with some or all of the training activities outlined here.

Use of the Health in Day Care Manual

It is highly recommended that each day care facility have a copy of the Health in Day Care which includes information and guidelines on major health and safety issues. Each administrator should be totally familiar with the contents of the Manual. Trainers of day care staff also need to understand the basic concepts included in the Manual. In addition, the Manual can be used as a reference document to be consulted as specific questions and situations arise.

Health and Safety Policies

Each day care program should have a set of written policies regarding the health and safety issues outlined in the Manual. If policies do not exist, program administrators can use Chapter 1 of the Manual **The Basics: Policies, Providers, and Records** as a guide to developing such policies. Written policies that are available and communicated to all staff and parents will help assure the healthy and safe functioning of the program.

Use of the Trainers' Guide

This Trainers' Guide was written for persons who are responsible for communicating health and safety policies, guidelines and other information to day care staff. It contains suggested training workshops on many of the issues contained in the Health in Day Care Manual. These workshop outlines were carefully written to highlight major issues. Participants are given the opportunity to discuss possible solutions to various health and safety problems. Recommended guidelines and specific information are also provided during the workshop sessions. The workshops by no means include all the information contained in the Manual. Rather, they contain the major concepts. Experienced trainers are encouraged to adapt and elaborate training activities to suit their specific purposes. Whenever possible, appropriate program policies can be shared with participants.

Organization of the Trainers' Guide

This Guide is divided into the following workshop topics:

Creating a Healthy Environment
Toileting
Center Safety
Emergency/First Aid
Preventive Health Care
Nutrition
Special Needs
Child Abuse and Neglect
Chronic Health Conditions
Infectious Diseases
Care of the Mildly Ill Child
Health and Safety Education for Preschoolers

These topics correspond to sections and chapters contained in the Health in Day Care Manual. Each of these topics is divided into an introduction and one or more activities. The Introduction contains a brief statement regarding the purpose of the activity and the sections of the Health in Day Care Manual it concerns. It cannot be stated too strongly that it is essential for trainers to be totally familiar with the material presented in the Health in Day Care Manual. It is recommended that trainers read the complete Manual and then restudy the relevant sections prior to conducting specific activities.

The workshops are designed for up to 30 participants. If more than 30 participants attend, it is recommended that consideration be given to dividing the group into two sessions. A total of 30 or less participants allows the trainer to adequately facilitate the large group processing which is incorporated into the majority of these activities. With a group of more than 30 participants it becomes more and more difficult to facilitate optimal communication.

Each activity is organized into the following sections: ***Concepts***, ***Approximate Time Needed***, ***Materials Needed*** , and ***Process***.

Concepts:

This section lists the specific concepts which are dealt with during the activity. These concepts are taken from various sections of the Health in Day Care Manual. Reference is made to the relevant sections in the introduction to each topic.

Approximate Time Needed:

This is the estimated time needed to complete the activity. The actual time needed will depend on a number of factors: the number of participants, the trainer's pace, the activities conducted, etc. Trainers will be better able to judge the time they will actually need after they have conducted a few activities.

Materials Needed :

This section lists the materials needed to conduct the activity. For most of the activities, *Concept Cards* and *Situation Cards* are used to assist the trainer to emphasize major concepts *(Concept Cards)* and to assist participants to work in groups to problem solve *(Situation Cards)* prior to an open discussion. Both *Concept Cards* and *Situation Cards* are designed to be cut apart along the dotted line prior to the workshop. When multiple copies of *Situation Cards* are needed, the trainer can xerox the appropriate pages prior to cutting the cards apart. Newsprint and markers are also used routinely for small group members to record highlights of their discussion. It is sometimes helpful to have small groups post their newsprint during the large group sharing. This often streamlines communication and facilitates the visual learner. It is also helpful to have a chalk board or flip chart available to the trainer for recording major points and for summarizing discussions. Handouts are incorporated into most activities; trainers will need to make sufficient copies for each participant.

Process:

This section describes the procedures for the activity. Generally, the process has three major parts--an introduction to the activity, the activity itself, and a summary of the activity. The activity often consists of dividing participants into small groups. (The number recommended for maximum participation of each individual is 4-5 members. However, the trainer can alter the number if necessary.) The small groups discuss a given situation. Finally, large group discussion allows for pooling of information across small groups and sharing of further information via the handouts provided by the trainer. In a few activities this general procedure is not used, and the trainer provides more information directly to participants. The small group/large group format is used in most cases for a number of reasons:

- Participants may have prior experience with the concept being discussed and can contribute information regarding it.

- Active participation in a problem solving situation usually results in deeper understanding of the situation and greater ease in applying the concept.
- Concepts must be applied to specific day care situations which may differ among participants. Small groups allow for discussion of differences with greater ease.

Head Start Resource Materials

In several sections, materials originally developed for Head Start personnel have been used. In particular, materials from the Head Start Mainstreaming Preschoolers Series have been incorporated into activities in the section, Children with Special Needs. In addition, two activities, one in Preventive Health Care and one in Children with Special Needs are workshops developed by Rothschild, Kjerland, and Heller in Mainstreaming in Head Start, Training Activities and Strategies. The section on Child Abuse and Neglect is based in part on materials from Preventing Maltreatment of Children with Handicaps, a Head Start Training Guide developed by the Resource Access Project Network.

Local trainers may have access to other excellent training materials and are encouraged to incorporate them into their training program whenever it is appropriate.

Preparing the Training Program:

The activities in this guide have been designed to allow each trainer to plan a training program which best fits the particular needs of the participants. If time and resources allow, the trainer may choose to conduct each workshop during the course of one week by spending 4-5 hours a day. If, on the other hand, the need is to provide staff with training on diapering and toileting, the trainer may choose to spend one morning conducting the first and second workshops on Creating a Healthy Environment and Toileting.

To facilitate trainers in their planning, the contents pages (1 & 2) list each workshop with the specific activities and approximate time needed. References to the Manual are also cited.

Trainers are encouraged to use other materials and activities to facilitate optimal participation and rapport within the group. Opening activities or ice breakers are particularly important with large groups of people who do not know each other. Similarly, summarizing the training event by recalling individual activities and the major concepts stressed is an effective way to conclude a training program consisting of several workshops.

Conclusion:

Trainers are encouraged to adapt the activities presented to the particular needs of their participants. Thus, if the participants are involved with infant care, situations can be rewritten to apply directly to this population. Likewise, if food service personnel are receiving training, the specific situation regarding food preparation for a diabetic child (from Chronic Health Conditions) can be incorporated into Nutrition training activities.

It is hoped that this Training Guide will promote the health and safety of children by preparing better informed staff at day care centers throughout the country.

CREATING A HEALTHY ENVIRONMENT

Introduction

There are many ways that a teacher can affect the environment of a day care center. The control of the spread of infectious disease and the assurance of safety are major issues for day care centers. Although each day care program should have health and safety policies and procedures, the teacher sets the standard for his/her group of children.

The three activities in this section focus on several overall areas of health and safety concerns for teachers. *Activity One* discusses handwashing as the major control against the spread of infectious diseases. *Activity Two* concerns activities and materials that pose special threats to the health and safety of the children. *Activity Three* focuses on room arrangements which promote the optimal health of the children. Read Chapter 3, **Creating a Healthy Environment**, in your Manual before conducting these activities.

ACTIVITY ONE -- HANDWASHING

Concept:

Handwashing is the first line of defense against infectious disease.

Approximate Time Needed:

45 Minutes.

Materials Needed:

One copy of *Situation Card One* for each group of 4-5 participants. Large sheets of newsprint and magic marker for each group.

Handout, for each participant: The Stop Disease Method of Handwashing.

Process:

1. Introduce this activity by explaining that handwashing is an important way to curb the spread of infectious diseases.

2. Divide participants into groups of 4-5 persons. Give each group a copy of the *Situation Card* and direct them to read the situation and follow the directions.

3. Allow time for the groups to discuss each question on the card (10 minutes).

4. When the groups appear to have completed their discussions, ask one group to share with everyone their response to Question 1. After the first group has reported, open discussion to all participants by asking if anyone else has any other ideas or suggestions. Refer to Chapter 3 in your Manual and stress the following points:

   - Handwashing is the first line of defense against infectious disease.

   - Hands have been shown to be primary carriers of infections.

   - Always wash hands upon arrival at the center and:

BEFORE:	Eating or handling food Feeding a child
AFTER:	Diapering and toileting Handling body secretions (mucus, vomitus, etc.) Giving medication

5. Ask a different group to report on their discussion of Question 2 about the correct procedure for washing hands. Again, let other participants add to the discussion.

6. After group members have finished adding their comments, distribute the handout, The Stop Disease Method of Handwashing. Stress the following points:

   - Use running water which drains out.
   - Use soap--preferably liquid soap.
   - Use friction by rubbing hands together.
   - Use a paper towel to turn off the faucet to protect your clean hands. Discard towel in a lined, covered trash container with a foot pedal.

   When handwashing is impossible (during outside play, etc.), use disposable wet wipes with an alcohol base (Wet Ones, Fresh Wipes) to limit the spread of infection. Use a different wipe for each child.

7. Complete the discussion by again stressing that handwashing is the first line of defense against the spread of infectious diseases. Recommend to participants that they post the handwashing poster above every sink to remind everyone to wash his/her hands often and correctly.

11

CREATING A HEALTHY ENVIRONMENT, *ACTIVITY ONE*

SITUATION CARD ONE

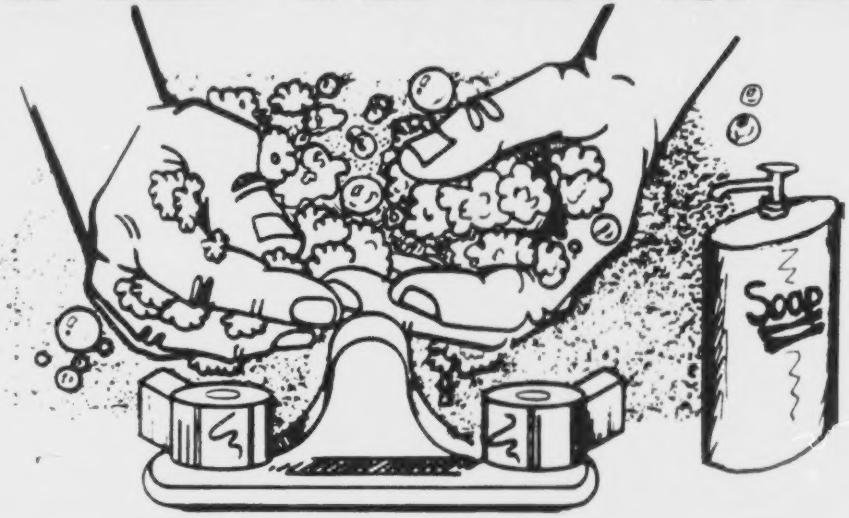
A group of day care teachers are sitting in the lounge discussing a recent article about handwashing. Mai says she always diapers all her children once and then washes her hands before she begins another activity. Elizabeth says she has a regular schedule for washing her hands, otherwise she forgets: first thing in the morning, after each diaper change, and before eating.

1. *Do you think Mai or Elizabeth have an adequate system for handwashing? Discuss your reasons.*

   Use the paper provided and list the times when day care providers should wash their hands.

2. *Describe the steps in good handwashing. What procedure do YOU usually use?*

THE STOP DISEASE METHOD OF HAND WASHING



- Use SOAP and RUNNING WATER
- RUB your hands vigorously
- WASH ALL SURFACES, including:
  - backs of hands
  - wrists
  - between fingers
  - under fingernails
- RINSE well
- DRY hands with a paper towel
- Turn off the water using a PAPER TOWEL instead of bare hands

STOP DISEASE

Adapted from material developed by the Centers for Disease Control.

CREATING A HEALTHY ENVIRONMENT

ACTIVITY TWO -- Health/Safety Considerations

Concepts:

To control the spread of disease, there should be specific policies and procedures regarding the use of water play and dress-up clothes.

Special health considerations should be given to the type and handling of toys for infants and toddlers.

The use of wading pools presents the double risk of spreading disease and possible drowning.

Air quality (humidity, temperature control, and ventilation) affects the health of staff and children.

Approximate Time Needed:

90 Minutes.

Materials Needed:

One *Situation Card* for each group. There are 5 different cards. Large sheets of newsprint and magic marker for each group.

One copy of each *Concept Card:*
Water Play
Dress Up Clothes
Infant/Toddler Toys
Wading Pools
Air Quality

Handout for each participant: Sanitizing Toys, Furniture, Equipment

Process:

1. Introduce this activity by explaining that certain materials and activities at day care centers carry specific health and safety risks. This discussion will focus on some of these.

2. Divide participants into groups of 4-5 persons. Give each group a copy of one of the *Situation Cards*. Be sure that each card is discussed by at least one group. If there are fewer than 5 groups, give each group two situations to discuss. Give each group a sheet of large newsprint and a magic marker to record their comments.

3. Direct the groups to read the situation and follow the directions.

4. Allow time for the groups to discuss their situation (10-15 minutes).

5. When the groups have completed their discussions, ask a member from Group 1 to read the situation and report highlights from the group's discussion. After Group 1 reports, ask for additional comments.

   WATER PLAY -- Stress the following concepts:

   A container of water which is shared by many children carries the risks of spreading germs via the water toys as well as the water itself.

   Germs grow in "warm and wet" environments.

If there is a water table in your setting:

- Be sure the water table is cleaned and sanitized with a solution of 1/4 cup bleach to 1 gallon water and filled with fresh water at least daily.

- Have children wash their hand before playing at the table.

- Wash and sanitize all toys daily--wash with soap and water and spray with bleach solution or put in the dishwater.

Give each participant a copy of the handout, Sanitizing Toys, Furniture, Equipment and stress routine, daily sanitizing.

6. Ask a member from the Group 2 to read the situation and report highlights from the group's discussion. After Group 2 reports, ask for additional comments.

   DRESS UP CLOTHES -- Stress the following concepts:

   - Any shared clothing carries the risk of spreading disease, particularly head lice and certain skin infections.

   - Any clothing soiled by stool or other body secretions (mucus, vomitus, etc.) should be removed immediately and not reused until laundered.

   - If there is an outbreak of head lice or scabies you should:

     -- take away all play clothing until the outbreak has stopped.

     -- launder and clean all items according to procedure listed in Chapter 17 of the Manual or store in air tight plastic bag for two weeks.

7. Ask a member from Group 3 to read the situation and report highlights from the group's discussion. After Group 3 reports, ask for additional comments.

   INFANT/TODDLER TOYS -- Stress the following concepts:

   - All toys used by infants carry the risk of spreading disease because they are mouthed frequently and passed around. All infant toys should be washable as well as SAFE:

     -- hard-surfaced plastic, rubber or other cleanable surfaces should be washed and sanitized with the standard bleach solution (1/4 cup bleach to 1 gallon water) at least once daily. Refer to Handout Sanitizing Toys, Furniture, Equipment.

     -- toys which are dishwasher safe may be washed in the dishwasher.

     -- stuffed toys should be machine-washable and should be washed at least weekly or more often, if soiled.

     -- toys which cannot be washed according to these guidelines should not be used with infants and toddlers.

8. Ask a member from Group 4 to read the situation and report highlights from the group's discussion. After Group 4 reports, ask for additional comments.

   WADING POOLS -- Stress the following concepts:

   - Pools carry the double risk of spreading disease and possible drowning. Therefore, it is not recommended to use wading pools with young children. Rather, the use of sprinklers is recommended instead of pools on hot summer days.

- Any container of water (bath tub, wading pool, in-ground or above-ground pool) is considered a possible hazard and must be supervised by an adult AT ALL TIMES.

- When a wading pool is provided, it should meet the requirements of the local health department. A permit from the Board of Health may be required.

- A person competent in Cardiopulmonary Resuscitation (CPR) for young children should be in attendance at all times when the pool is in use. CHILDREN MUST BE SUPERVISED AT ALL TIMES.

- Pools should be emptied when not in use and sanitized with bleach solution after each use.

- Safety rules for the use of pools should be posted in a conspicuous location and should be reviewed by the staff.

9. Ask a member from Group 5 to read the situation and report highlights from the group's discussion. After Group 5 reports, ask for additional comments.

   AIR QUALITY -- Stress the following concepts:

   - Adequate humidity, temperature control and ventilation increase resistance to illness and the ability to recover after sickness. Dry, hot air in winter takes moisture from skin and mucus membranes. In summer, hot and humid air prevents a child's body from cooling off as well.

   - Teachers can do the following:

     -- keep air temperature between 65°and 72°F, if at all possible. Temperatures above 72°F rob the body of needed moisture.

     -- open windows in every room every day to circulate fresh air, even in winter (except in centrally air conditioned or ventilated buildings). Windows must be screened. If fans are used, they must be placed out of the reach of children.

     -- in extremely hot weather, offer more liquids and sponge bathing to prevent overheating and dehydration. Sprinklers can be used outside to help keep the children cool. Young children, especially infants, become dehydrated more easily than adults.

10. Summarize this workshop activity by posting, one-by-one, the five *Concept Cards* and stressing that for each topic, specific health and safety issues are involved. If the group is going to continue another activity, keep the *Concept Cards* posted and allude to the content of this activity during the summary of the whole workshop.

CREATING A HEALTHY ENVIRONMENT, *ACTIVITY TWO*

SITUATION CARD ONE

Your group has been designated the policy making committee for health policies at your facility. On the paper provided outline procedues for the safe and healthy use of water play.

What problems arise from the use of a water table or other containers for water play?

Outline the procedures to be followed to assure that a water table is used in a safe and healthy manner.

……

CREATING A HEALTHY ENVIRONMENT, *ACTIVITY TWO*

SITUATION CARD TWO

Your group has been designated the policy making committee for health policies in your facility. Dress up clothes are stored in an area of the room and used by 2 to 4 year olds.

What health issues should be a concern of your policy committee?

Outline guidelines for using the clothes in a hygienic manner.

CREATING A HEALTHY ENVIRONMENT, *ACTIVITY TWO*

SITUATION CARD THREE

Your group has been designated the policy making committee for health policies at your facility. Describe the types of toys that should be used and those which should be avoided.

Outline guidelines for using the toys in a hygienic manner.

……

CREATING A HEALTHY ENVIRONMENT, *ACTIVITY TWO*

SITUATION CARD FOUR

Your group has been designated the policy making committee for health policies at your facility. Describe the health problems involved with the use of a wading pool during the summer months.

Outline procedures for the healthy and safe use of a wading pool.

CREATING A HEALTHY ENVIRONMENT, *ACTIVITY TWO*

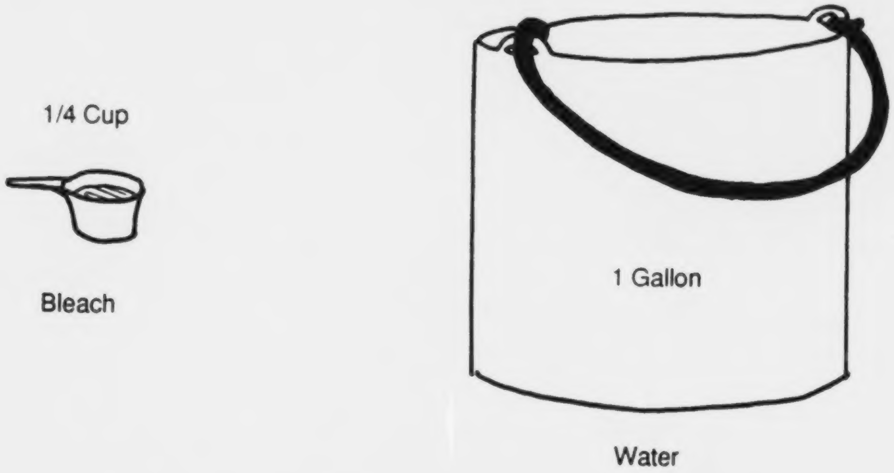
SITUATION CARD FIVE

Your group has been designated the policy making committee for health policies at your facility. Describe general guidelines for assuring healthy air quality at your center. Consider humidity, temperature control, and ventilation during winter and summer months.

SANITIZING TOYS, FURNITURE, EQUIPMENT

Mix a new bleach solution every time you sanitize. Use the diagrams below to help you decide which strength of solution to use and how to mix it:

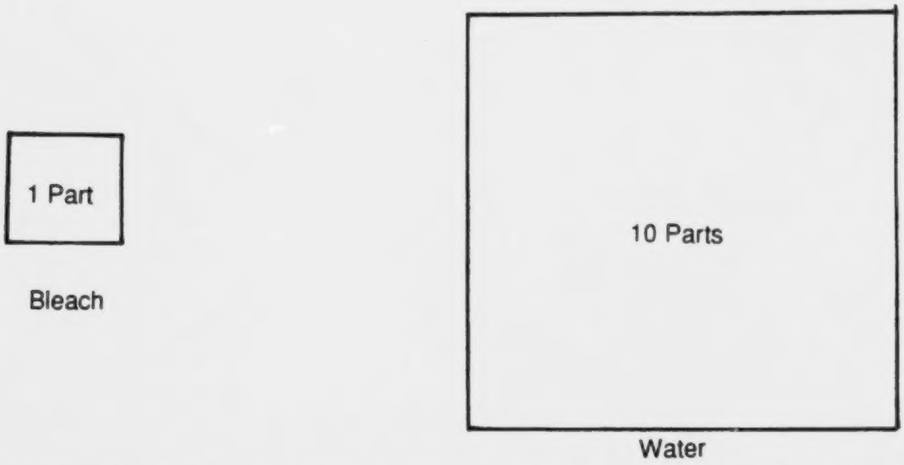
Standard Bleach Solution



Use this "standard" bleach solution for general sanitizing of toys, furniture, equipment, and other surfaces at the center. Sanitize frequently (daily for a water table and its toys).

* * *

Strong Bleach Solution



Use this "strong" bleach solution to disinfect surfaces that may have been exposed to infectious disease germs through stool, blood or other bodily secretions.

CREATING A HEALTHY ENVIRONMENT, *ACTIVITY TWO*

WATER PLAY

……

CREATING A HEALTHY ENVIRONMENT, *ACTIVITY TWO*

DRESS UP CLOTHES

INFANT/TODDLER TOYS

……

WADING POOLS

AIR QUALITY

……

ACTIVITY THREE -- Room Arrangement

Concept:

Room arrangements are crucial to the safe and healthy functioning of a center.

Approximate Time Needed:

45 Minutes

Materials Needed:

One copy of the *Room Arrangement Diagram* for each participant. Large sheets of newsprint and magic marker for each group of 4-5 participants.

Process:

1. Introduce the topic by telling participants that procedures and materials are not the only things that can contribute to the healthy and safe functioning of a child care center. Explain that room arrangements can either promote or diminish the children's health and safety.

2. Divide participants into groups of 4-5 persons. Give each participant a copy of the *Room Arrangement Diagram.* Direct participants to analyze the diagram and follow the directions on the sheet.

3. Allow time for the groups to discuss (10-15 minutes).

4. When the groups have completed their discussions, ask one group to share one positive point they have. Record the concept on the chalk board or newsprint. Ask another participant for a negative point about the diagram and record it. Continue until no more points are volunteered. Examples include:

   - POSITIVE POINTS

     -- large outdoor area
     -- sink in the classroom

   - NEGATIVE POINTS

     -- diaper area should not be near the food preparation area
     -- a trash can should be near diaper area
     -- cots should be alternated head to foot for better air circulation
     -- diaper storage is on other side of diaper area

5. Stress the following points:

   - Food should be kept away from diaper area

   - Trash container should be near diaper area

   - Cots should alternate foot to head to maintain maximum air circulation. They should be 3 feet apart and arranged so there can be an effective evacuation plan.

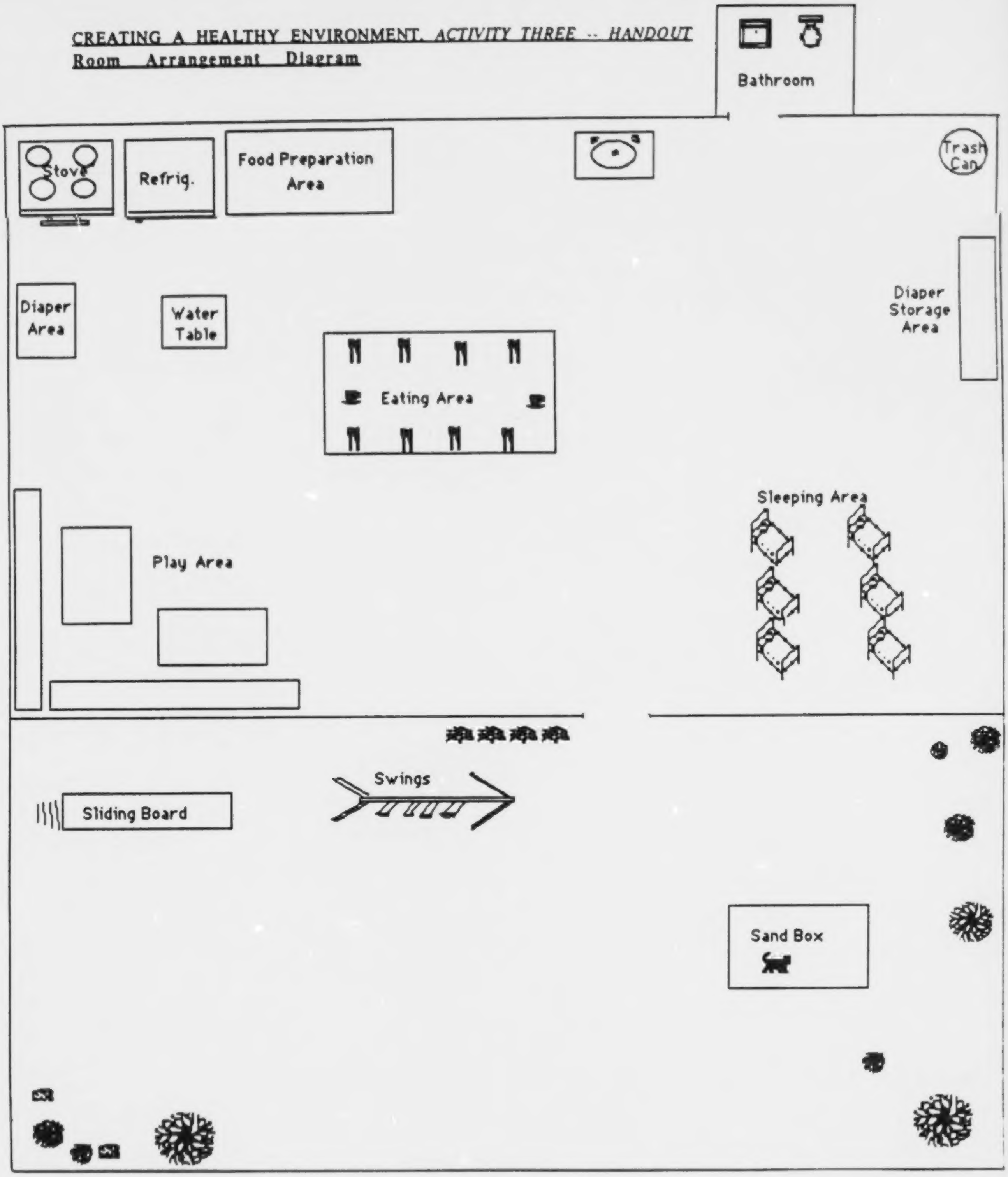
   - Good air quality should be maintained through lowered thermostat and by opening windows each day even during winter if possible. Windows must be screened.

- Lots of outdoor space should be available to daily play

6. Direct participants to sketch their own floor plan. Have them discuss it in terms of health and safety.

7. Conclude this activity by stressing that the arrangement of the environment can promote healthy and safe practices.

CREATING A HEALTHY ENVIRONMENT. ***ACTIVITY THREE -- HANDOUT***
Room Arrangement Diagram


Bathroom
Stove
Refrig.
Food Preparation Area
Trash Can
Diaper Area
Water Table
Eating Area
Diaper Storage Area
Sleeping Area
Play Area
Swings
Sliding Board
Sand Box

Analyze this diagram of a child care facility and determine the positive elements that would promote healthy and safe practices and the negative elements that might promote unhealthy or unsafe practices. List these items on a piece of paper for use during the general discussion.

On the other side of the page, quickly sketch your own room and discuss any possible changes to make it healthier and safer.

TOILETING

Introduction

The procedures involved in diapering and toileting are often the most critical factors in mainstreaming good health care in the day care center. In addition to concerns about sanitation, there should be a recognition of the developmental impact of toileting procedures. The activities in this section are designed to help teachers to meet the physical and emotional needs of their children during diapering and toileting. Read Chapter 5, **Toileting**, in your manual before conducting these activities.

ACTIVITY ONE -- Health/Safety Considerations

Concepts:

To assure the health and safety of the children, several important rules should be followed regarding diapering including its location, the type of furniture used, and the storage of materials.

Approximate Time Needed:

30 Minutes.

Materials Needed:

One copy of the *Situation Card* for each group of 4-5 participants. Large sheets of newsprint and a magic marker for each group.

Handout for each participant: The Stop Disease Method of Changing Diapers.

Process:

1. Introduce this activity by stressing that the health and safety of the children demands that diapering be carried out in an environment that has been carefully planned.

2. Divide participants into groups of 4-5 and give each group a copy of the *Situation Card.*

3. Allow time (10-15 minutes) for the groups to discuss each area on their card. Instruct them to take notes of the discussion regarding each of the four areas outlined on the card.

4. After the groups have completed their discussion, ask for volunteers to report their highlights. Stress the following rules about the diapering area:

   - The area should be used only for diapering.

   - The diapering area should be as far away as possible from any food handling area.

   - The diapering surface should be a flat, safe area, preferably three feet above the floor.

   - The surface should be clean and free of cracks or crevices. It should be covered with a disposable cover. Paper bags, used computer paper on the wrong side, rolls of paper, etc. are inexpensive materials to use.

   - All creams and lotions should be out of reach. Never give a child any of these items to play with while being diapered. These materials can cause serious problems if ingested.

- It is best to have a belt or strap to restrain the child. A guard rail or recessed area is a good safety measure. If you have no restraint, always keep a hand on the child. Never leave the child even for a second.

5. Summarize this activity by stressing the importance of sanitary diapering. Pass out the handout, The Stop Disease Method of Changing Diapers, to each participant. Read and discuss the procedures outlined. Suggest that participants post this handout above their changing table.

TOILETING, *ACTIVITY ONE*

SITUATION CARD

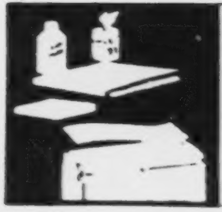
Your center has just been approved to accept toddlers. Prior to this time you served only 3 to 5 year olds. You have been asked to help set up the diapering area for the toddlers. List on the paper provided the things that will need to be done. For example:

- *Type of furniture and equipment needed.*
- *Arrangement of diapering area.*
- *Storage of materials.*
- *Procedures for diaper change.*

TOILETING, *ACTIVITY ONE -- HANDOUT*

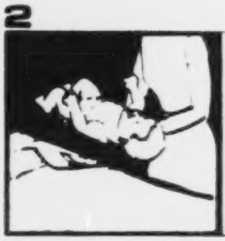
The STOP DISEASE Method of CHANGING DIAPERS

1



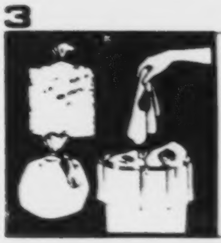
CHECK to be sure supplies you need are ready
PLACE roll paper or disposable towel on diapering surface where the child will be

2



LAY the child on the diapering surface taking care to hold him only with your hands if his diaper is soiled

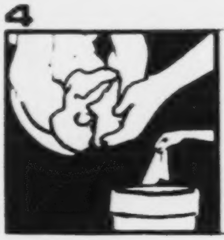
3



REMOVE soiled diaper and clothes

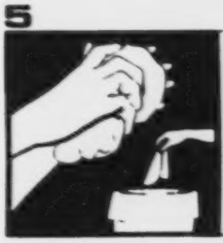
- PUT disposable diapers in a plastic bag or plastic lined receptacle
- PUT soiled clothes in a plastic bag to be taken home

4



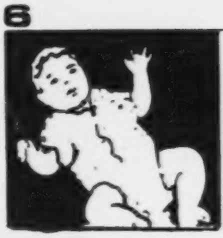
CLEAN the child's bottom with
a premoistened disposable towelette
or
a damp paper towel
Then DISPOSE of the towelette or paper towel in the plastic bag or plastic lined receptacle
REMOVE the paper towel from beneath the child and dispose of it the same way

5



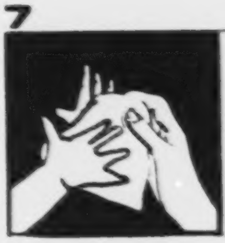
WIPE your hands with a premoistened towelette or a damp paper towel
DISPOSE of it in the plastic bag or plastic lined receptacle

6



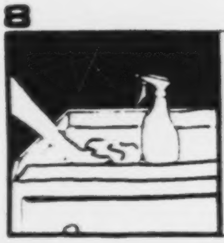
DIAPER or dress the child
Now you can hold him close to you

7



WASH the child's hands and return him to his crib or group

8



CLEAN and DISINFECT the diapering area, and any equipment and supplies you touched
Then wash YOUR hands

Taken from the Centers for Disease Control materials.

ACTIVITY TWO -- Developmental Considerations

Concepts:

Toileting and diapering carry distinct health risks to day care environments.

The process of diapering and toileting should be a positive experience for each child.

The child must be physically ready to participate willingly in toilet learning.

Approximate Time Needed:

60 Minutes.

Materials Needed:

Enough copies of *Situation Card One* for half of the group's participants and enough copies of *Situation Card Two* for the other half.

One copy of each of the *Concept Cards:*	*Landmarks-Muscle Control, Communication, Desire* *Manageable Clothing* *Disposable Diapers are Best* *Adaptable Equipment*

Process:

1. Introduce this activity by explaining that diapering and toileting have important implications for both the health and development of the children.

2. Divide the participants into groups of 4-5. Distribute a copy of *Situation Card One* to half of the group and a copy of *Situation Card Two* to the other half.

3. Instruct the groups to discuss their situations and record their responses.

4. Allow enough time for the groups to discuss both of their situations (10-15 minutes).

5. Begin discussion by asking someone to read the first example on *Situation Card One* and share their group's comments. Ask for additional comments. After all comments have been made, post the *Concept Card:*

   LANDMARKS: MUSCLE CONTROL, COMMUNICATION, DESIRE -- Summarize these landmarks as follows:

   - Muscle Control -- The child must be able to work the bottom muscles at will and to squeeze the sphincter (bottom) and stomach muscles at the same time. Usually this does not occur until about the second birthday; some are not ready until age three.

   - Communication -- The child should be able to tell with words or consistent gestures that s/he needs the toilet. The child should be able to ask for help undressing or getting to the toilet. Remember to ask parents about the child's "code" words of toileting (i.e., pee, poo, etc.).

   - Desire -- Starting before a child wants to learn about the toilet is a waste of time and may set up a power struggle. The child has a natural desire to please those who are loved and trusted. Children also love to imitate. A child will eventually become uncomfortable in diapers and may want to wear underwear instead. Never force a child to sit on a potty or toilet. S/he should be able to sit on a toilet or potty without assistance and without fear of falling off.

6. Continue discussion by asking for the second example on *Situation Card One.* After all comments have been made, post the *Concept Card:*

   MANAGEABLE CLOTHING -- Summarize as follows:

   - The child should be wearing clothing that is easy to remove. Ask the parents to send the child with clothing that is easy to remove in a hurry. Elastic waist pants are the best choice.

7. Have someone with *Situation Card Two* read the first example. After all comments have been made, post *Concept Card:*

   DISPOSABLE DIAPERS ARE BEST -- Summarize as follows:

   - Disposable diapers are best. However, if a child must be in cloth diapers because his/her skin reacts to disposable ones, use extra precautions.

   - A soiled cloth diaper should be:

     -- Emptied into the toilet.
     -- Put into a plastic bag.
     -- Tied and closed into a second plastic bag with a name label.
     -- Placed out of reach and given to the parent to take home.

   - DO NOT RINSE OR WASH CLOTH DIAPERS AT THE CENTER!!

8. Continue by asking for the second example on *Situation Card Two.* After all comments have been made post the *Concept Card:*

   ADAPTABLE EQUIPMENT -- Summarize as follows:

   - A Stool as a step to the toilet. A wooden block or any inexpensive step can be used to enable the children to reach the toilet. A step also can act as a firm footrest for pushing to facilitate a bowel movement. This is recommended for all young children who use a toilet. Always rinse the step with a bleach solution.

   - Toilet Seat Adapter -- a toilet seat adapter fits over the regular seat to make the seat more child-sized and secure. It can be purchased inexpensively at large toy stores. Be sure that it is washable plastic.

   - Potty Chair -- a potty chair is a small toileting chair. Potty chair frames should be smooth and easily cleanable. Wood frames are not recommended. The waste container should be easily removable and should fit securely into the chair. Many medical experts recommend that potty chairs not be used in day care because of hygiene problems. If a child truly needs a potty chair, the parents can provide it as a personal item to be used only by that child. If they are used, extra care should be used in washing them.

TOILETING, *ACTIVITY TWO*

SITUATION CARD ONE

The following cases involve issues regarding toilet learning. What would you do in each case?

1. *Mrs. Jones brings her 18 month old in and inquires about toilet training. What signs can you tell her to watch for in her child that would indicate he is ready to be toilet trained?*
2. *Jamie, 28 months, is being toilet trained during the day. She gets herself to the toilet but always at the last minute. Often she cannot unbutton and unzip her jeans in time, so she wets her clothes. This gets her upset, and she cries. What can you do?*

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TOILETING, *ACTIVITY TWO*

SITUATION CARD TWO

The following cases involve issues regarding diapering and toilet training. What can you do in each case?

1. *Mrs. Carmichael sends cloth diapers with her son the first day he comes to the center. She says he is allergic to the diaposable diapers. What procedures should you institute to deal with this situation? In addition, Mrs. Carmichael brings a special cream and some talcum powder to use at each diaper change. What is your response?*
2. *Mary Ann is a very tiny 2 year old. She is the youngest child for whom you care. All the others came to you at two and a half when they were toilet trained. You want to begin toilet training, but she seems hesitant and awkward at using the regular toilet. What changes might you make to help Mary Ann?*

TOILETING, *ACTIVITY TWO*

LANDMARKS:

MUSCLE CONTROL,

COMMUNICATION,

DESIRE

TOILETING, *ACTIVITY TWO*

MANAGEABLE

CLOTHING

TOILETING, *ACTIVITY TWO*

DISPOSABLE
DIAPERS
ARE BEST

TOILETING, *ACTIVITY TWO*

ADAPTABLE
EQUIPMENT

SAFETY

Introduction

Accidents do not just happen by themselves or by chance -- they are the result of the environment, a child's abilities and personality, and the level of adult supervision and awareness. The activities in this section focus on arranging a safe environment inside and outside of the center, guidelines for the staff who supervise the children, and safety rules for children. Read Chapter 6, **Safety at the Center**, in your Manual before conducting these activities.

ACTIVITY ONE -- Safety In/Outside

Concepts:

A safe center (inside and outside) is arranged so that children can play freely without harming themselves or others.

Staff should have guidelines to follow to assure the safety of the children inside and outside.

There should be rules that the children follow to assure their safety.

Approximate Time Needed:

60 Minutes.

Materials Needed:

Enough copies of *Situation Card One* for half of the group's participants and enough copies of *Situation Card Two* for the other half. Large sheets of newsprint and magic marker for each group.

Handouts for each participant: Site Safety Checklist
Playground Safety Checklist

Process:

1. Introduce the activity by stating that a safe center is arranged so that children can play freely without harming themselves or others. Stress that a safe environment allows children to learn by taking risks and challenging themselves while, at the same time, protecting them from injury. A sterile, risk-free center is not healthy because it does not provide the children the freedom to explore and develop.

2. Divide participants into groups of 4-5 and give half the group *Situation Card One* and the other half *Situation Card Two.*

3. Instruct the groups to use the newsprint provided to record the highlights of their discussion.

4. Allow 10-15 minutes and then have a brief report from groups with *Situation Card One.* Summarize by passing out the handout, Site Safety Checklist. Review the checklist and ask for comments on items not yet discussed.

5. Have a brief report from groups with *Situation Card Two.* Pass out handouts, Playground Safety Checklist. Review the checklist and ask for comments on items not yet discussed.

6. Summarize this activity with the following concepts:

   - Staff need to do periodic checks for safety inside and outside. A checklist assures a systematic observation of all important points.
   - Children need to be taught safety rules.
   - Children need to be closely supervised to be sure safety rules are being carried out.

SAFETY, *ACTIVITY ONE*

SITUATION CARD ONE

You have been appointed to one of two safety committees for the local day care organization. Your committee is to consider safety inside the Center. Using the paper provided, write a set of guidelines for safety inside the center. Include:

1. *Guidelines for staff:*

2. *Rules for children:*

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SAFETY, *ACTIVITY ONE*

SITUATION CARD TWO

You have been appointed to one of two safety committees for the local day care organization. Your committee is to consider safety on the playground. Using the paper provided, write a set of guidelines for safety on the playground. Include:

1. *Guidelines for staff:*

2. *Rules for children:*

SITE SAFETY CHECKLIST

ITEM	YES	NO	CORRECTIONS/ COMMENTS	DATE MADE CORRECTION
General Environment				
Floors are smooth and have a non-skid surface.				
Pipes and radiators are inaccessible to children or are covered to prevent contact.				
Hot tap water temperature for handwashing is 110°-115°F or less.				
Electrical cords are out of children's reach and are kept out of doorways and traffic paths.				
Unused electrical outlets are covered by furniture or shock stops.				
Medicines, cleansers, and aerosols are kept in a locked place where children are unable to see and reach them.				
All windows have screens that stay in place when used; expandable screens are not used.				
Windows can be opened 6" or less from the bottom.				
Drawers are kept closed to prevent tripping or bumps.				
Trash is covered at all times.				
Walls and ceilings are free of peeling paint, and cracked or falling plaster; center has been inspected for lead paint.				
There are no disease bearing animals, such as turtles, parrots, or cats.				
Children are always supervised.				

SITE SAFETY CHECKLIST (cont.)

ITEM	YES	NO	CORRECTIONS/ COMMENTS	DATE MADE CORRECTION
There is no friable (crumbly) asbestos releasing in the air.				
Equipment and Toys				
Toys and play equipment are checked often for sharp edges, small parts, and sharp points.				
All toys are painted with lead-free paint.				
Toys are put away when not in use.				
Toy chests have lightweight lids or no lids.				
Art materials are non-toxic, and have either the AP or CP label.				
Art materials are stored in their original containers in a locked place.				
Teaching aids (e.g., projectors) are put away when not in use.				
Curtains, pillows, blankets, and cloth toys are made of flame-resistant material.				
Hallways and Stairs				
Stairs and stairways are free of boxes, toys, and other clutter.				
Stairways are well-lit.				
The right-hand railing on the stairs is at child height and does not wobble when held; there is a railing or wall on both sides of stairways.				
Stairway gates are in place when appropriate.				
Closed doorways to unsupervised or unsafe areas are always locked unless this prevents emergency evacuation.				

SITE SAFETY CHECKLIST (cont.)

ITEM	YES	NO	CORRECTIONS/ COMMENTS	DATE MADE CORRECTION
Staff are able to watch for strangers entering the building.				
Kitchen				
Trash is kept away from areas where food is prepared or stored.				
Trash is stored away from the furnace and hot water heater.				
Pest strips are NOT used; pesticides for crawling insects are applied by a certified pest control operator.				
Cleansers and other poisonous products are stored in their original containers away from food and out of children's reach.				
Non-perishable food is stored in labelled, insect-resistant containers such as metal or plastic. Perishable food is stored in covered containers in the refrigerator.				
Food preparation surfaces are clean and free of cracks and chips.				
Eating utensils are free of cracks and chips.				
Electrical cords are placed where people will not trip over them or pull them.				
There are no sharp or hazardous cooking utensils within children's reach (e.g., knives, glass).				
Pot handles are always turned in toward the back of the stove during cooking.				
The fire extinguisher can be reached easily in an emergency.				
All staff know how to use the fire extinguisher correctly.				

SITE SAFETY CHECKLIST (cont.)

ITEM	YES	NO	CORRECTIONS/ COMMENTS	DATE MADE CORRECTION
Bathrooms				
Stable step stools are available when needed.				
Electrical outlets are covered with shock stops or outlet covers.				
Cleaning products, soap, and disinfectant are stored in a locked place, out of children's reach.				
Floors are smooth and have a non-skid surface.				
The trash container is emptied daily and kept clean.				
Hot water for handwashing is 110°-115° F.				
Emergency Preparation				
All staff understand their roles and responsibilities in case of emergency.				
At least one staff person is always present who is certified in first aid and CPR for infants and children.				
The first aid kit is checked regularly for supplies and is kept where it can be reached easily by staff in an emergency.				
Smoke detectors and other alarms are covered regularly to make sure they are working.				
Each room and hallway has a fire escape route posted in clear view.				
Emergency procedures and telephone numbers are posted near each phone in clear view.				
Children's emergency phone numbers are kept near the phone, where they can be reached quickly.				

SITE SAFETY CHECKLIST (cont.)

ITEM	YES	NO	CORRECTIONS/ COMMENTS	DATE MADE CORRECTION
All exits are clearly marked and are free of clutter.				
Doors open in the direction of exit travel.				
Cots are placed so that walkways are clear for evacuation in an emergency.				

Source: Statewide Comprehensive Injury Prevention Program (SCIPP), Department of Public Health, 150 Tremont Street, Boston, MA 02111.

PLAYGROUND SAFETY CHECKLIST

ITEM	YES	NO	CORRECTIONS/ COMMENTS	DATE MADE CORRECTION
All Equipment				
Nuts, bolts, or screws that stick out are covered with masking tape or sanded down.				
Metal equipment is free from rust or chipping paint.				
Wood equipment is free from splinters or rough surfaces, sharp edges, and pinch/crush parts.				
Nuts and bolts are tight.				
Anchors for equipment are stable and buried below ground level.				
Equipment is in its proper place and is not bent with use.				
Children who use equipment are of the age/developmental level for which the equipment was designed.				
Ground Surface				
All play equipment has 8"-12" of shock-absorbing material underneath (e.g., pea gravel or wood chips).				
Surfaces are raked weekly to prevent them becoming packed down and to find hidden hazards (e.g., litter, sharp objects, animal feces).				
Stagnant pools of water are not present on the surface.				
There is no exposed concrete where equipment is anchored.				

PLAYGROUND SAFETY CHECKLIST (cont.)

ITEM	YES	NO	CORRECTIONS/ COMMENTS	DATE MADE CORRECTION
Spacing				
Swing sets are at least 9 feet from other equipment.				
Swings are at least 1-1/2 feet from each other.				
Slides have a 2-1/2 to 3 yard run-off space.				
There is at least 8 feet between all equipment.				
Boundaries between equipment are visible to children (for instance, painted lines or low bushes.)				
Play areas for bike-riding, games, and boxes are separate from other equipment.				
Swing sets are at least 6 feet from walls and fences, walkways, other play areas. There is a barrier to prevent children from getting into traffic (e.g., when chasing a ball).				
Slides				
Slides are 6 feet in height or less.				
Side rims are at least 2-1/2 inches high.				
Slides have an enclosed platform at the top for children to rest and get into position for sliding.				
Slide ladders have handrails on both sides and flat steps.				
There is a flat surface at the bottom of the slide for slowing down.				
Metal slides are shaded to prevent burns.				

PLAYGROUND SAFETY CHECKLIST (cont.)

ITEM	YES	NO	CORRECTIONS/ COMMENTS	DATE MADE CORRECTION
Wood slides are waxed, or oiled with linseed oil.				
The slide incline is equal or less than a 30° angle.				
Steps and rungs are 7" to 11" apart to accommodate children's leg and arm reach.				
Climbing Equipment				
Ladders of different heights are available for children of different ages and sizes.				
Bars stay in place when grasped.				
The maximum height from which a child can fall is 7-1/2 feet.				
Climbers have regularly spaced footholds from top to bottom.				
There is an easy, safe "way out" for children when they reach the top.				
Equipment is dry before children are allowed to use it.				
Rungs are painted in bright or contrasting colors so children will see them.				
Swings				
Chair swings are available for children under age 5.				
Canvas sling and saddle seats are available for older children.				
"S" or open-ended hooks have been removed.				
Hanging rings are less than 5" or more than 10" diameter (smaller or larger than child's head).				

PLAYGROUND SAFETY CHECKLIST (cont.)

ITEM	YES	NO	CORRECTIONS/ COMMENTS	DATE MADE CORRECTION
The point at which seat and chain meet is enclosed.				
Seesaws				
The fulcrum is enclosed or designed to prevent pinching.				
Handholds stay in place when grasped, without turning or wobbling.				
Wooden blocks or part of a rubber tire are placed below the seat to prevent feet from getting caught.				
Sandboxes				
Sandboxes are located in a shaded spot.				
The frame is sanded and smooth, without splinters or rough surfaces.				
The sand is raked at least every two weeks to check for debris and to provide exposure to air and sun.				
The box is covered at night to protect from moisture and animal excrement.				
The sandbox has proper drainage.				
Poisonous plants and berries are removed from play area.				
There is a source of clean drinking water available in the play area.				
There is shade.				
The entire play area can be seen easily for good supervision.				

Source: Statewide Comprehensive Injury Prevention Program (SCIPP), Department of Public Health, 150 Tremont Street, Boston, MA 02111.

ACTIVITY TWO -- Dangerous Toys

Concept:

Some toys are dangerous.

Approximate Time Needed:

30 Minutes.

Materials Needed:

Handout for each participant: Safe Fine-Motor Toys for Children Under Three

Process:

1. Ask the group to name toys that can be dangerous, especially when used in a group setting. List responses on chalkboard or large paper. Together identify specific problems regarding toys or equipment for infants and toddlers. Examples include: toys with sharp edges, tiny pieces of toys.

2. After there are 5-10 items on the list, summarize general guidelines for safe toys. Include the following:

    - Arts and crafts materials should be non-toxic with AP (Approved Product) label or CP (Certified Product) label.
    - Batteries can be poisonous. Button batteries in toys, cameras, and calculators can be especially dangerous because of their small size.
    - Lotions, talcums and other substances in diaper area should not be given to children during diapering.
    - Broken toys and toys with sharp edges or small pieces should be discarded.
    - Projectile toys (pop-guns, darts) should not be used.
    - Toy chests or boxes can be dangerous. Beware of slamming tops.

3. Pass out handout, Safe Fine Motor Toys for Children Under Three, and review the items briefly.

4. Summarize this activity with the following:

    - Always assume that a child's motor abilities can change from day to day. Beware of what the child may get into.
    - Be alert to actual and potential dangers both inside and outside the center.
    - Look at the world through the eyes of a young child. Get down on your hands and knees to see what the child sees.
    - Conduct regular safety checks with the checklists at least once a month.

- Be aware of the safety of toys and materials you buy or that are donated.
- If you have any questions or concerns about the safety of a product call the CONSUMER PRODUCT SAFETY COMMISSION (CPSC) at its toll free number: 1-800-638-CPSC.

SAFE FINE-MOTOR TOYS FOR CHILDREN UNDER THREE

UNDER ONE YEAR OLD

Sturdy Rattles
Shatterproof mirror
Brightly colored objects hanging in view (mobiles, etc.)
Washable dolls and stuffed animals
Brightly colored cloth or rubber balls
Soft stacking blocks
Squeaky toys (with unremovable squeakers)
Pull toys (with strings no longer than 12 inches)

ONE TO TWO YEARS OLD (In addition to above)

Nesting toys
Ring stack sets
Large, lightweight spinning top
Books with cloth pages
Plastic blocks
Wooden threading beads (large size)
Pop-it beads (large size)
Banging musical instruments (e.g., xylophone)
Toy telephones
Large-sized crayons (non-toxic)
Plastic kitchenware (lightweight, without sharp edges)

TWO TO THREE YEARS OLD (In addition to above)

Simple jigsaw puzzles with large pieces
Wooden blocks (lightweight)
Size-shape matching toys (for example, hollow plastic sphere with holes of varying shapes for shaped blocks to be pushed through)
Color, content matching games (for example, Lotto and crayons)
Large-size magnets

EMERGENCIES AND FIRST AID

Introduction

No matter how careful and safety-conscious staff are, there will be times when emergencies and accidents happen. Comprehensive written policies about emergencies contribute to handling them well. This section focuses on general emergency preparations for day care staff and some specific procedures to use in actual emergency situations. Read Chapter 8, **Emergencies/First Aid**, in the Manual before conducting this activity.

ACTIVITY ONE -- Preparations

Concept:

Preparation is essential for the smooth handling of emergency and first aid situations.

Approximate Time Needed:

45 Minutes.

Materials Needed:

Enough copies of *Situation Cards One* for half the group's participants and enough copies of *Situation Card Two* for the other half.

Handouts for each participant:

- Sample Emergency Phone List
- Emergency Transportation Permission Form
- Emergency Procedures
- Injury Report Form
- First Aid Resources
- First Aid Kit List

Process:

1. Introduce this activity by indicating that each center should have emergency and first aid procedures and guidelines. Preparedness is essential to handling these situations well.

2. Divide participants into groups of 4-5. Give each group a *Situation Card* and allow time to discuss it (10-15 minutes).

3. After the groups have discussed their *Situation Card*, ask someone from the group to read *Situation Card One* and report on their discussion. Stress the following during the discussion:

   EMERGENCIES

   - Getting help is the first concern. Distribute handout, Sample Emergency Phone List, and suggest that each center develop one of their own and post it in appropriate places. If participants are all from the same center, perhaps the list can be completed before or during this activity.

   - Evacuation procedures are important and need to be outlined, communicated to all staff concerned, posted, and practiced.

   - A current, signed emergency transportation permission form should be available for each child. Distribute the handout, Emergency Transportation Permission Form, and review it.

51

4. Ask for a volunteer to read *Situation Card Two* and share highlights from their group's discussion. Stress the following during the discussion:

FIRST AID

- It is important to remain calm and assess the injury. Distribute the handout Emergency Procedures and review the items.
- Distribute handout Injury Report Form and discuss the importance of completing this form within 24 hours after an injury.
- For specific injuries it is important to have handy a practical guide such as A Sigh of Relief--The First Aid Handbook for Childhood Emergencies by Martin I. Green (New York: Bantam Books, 1984). A copy should be available for each group of children cared for. The guide will provide specific information about procedures for a given injury. Distribute the handout First Aid Resources.
- A first aid kit should be available but stored away from the children. It should be easy for staff to reach and should be checked regularly. Distribute the handout First Aid Kit List and discuss contents.
- At least one staff member should be prepared in First Aid and CPR (Cardio-pulmonary resuscitation). One trained staff member should be on the premises at all times.

5. Conclude this activity by stressing that emergencies and injuries sometimes occur even in the best situations. Therefore, day care teachers need to be knowledgeable about emergency procedures and first aid materials.

EMERGENCY/FIRST AID, *ACTIVITY ONE*

SITUATION CARD ONE

It is naptime and everything at the center is quiet. Suddenly the maintenance man notices smoke billowing from the basement furnace area. What procedures should be used to assure everyone's safety?

List any preparations with which this emergency would be more easily dealt.

……

EMERGENCY/FIRST AID, *ACTIVITY ONE*

SITUATION CARD TWO

It is outdoor play time for your group, the 3 year olds. Suddenly, Johnney falls from the slide and cuts his head. He is bleeding profusely. What procedures should be taken to handle this situation?

List any preparations with which this emergency would be more easily dealt.

SAMPLE EMERGENCY PHONE LIST

THIS PHONE IS LOCATED AT:____
PHONE NUMBER:__________________

DIRECTIONS:____
____
____
(E.G., 2ND FLOOR REAR OF THE OLD WASHINGTON ELEMENTARY SCHOOL BLDG. AT THE INTERSECTION OF MAIN AND SOUTH STS.)

EMERGENCY NUMBERS:

POLICE:__________________________

FIRE:____________________________

AMBULANCE:______________________

NEAREST EMERGENCY FACILITY:__________________________________

IMPORTANT NUMBERS:

POISON CENTER:__________________________

HEALTH CONSULTANT:_____________________

CHILD ABUSE HOT LINE:_____________________

LOCAL DEPARTMENT OF SOCIAL SERVICES:__________________

BATTERED WOMEN'S SHELTER:_______________

RAPE CRISIS CENTER:______________________

SUICIDE PREVENTION HOTLINE:________________

PARENTS ANONYMOUS:_____________________

ALCOHOLICS ANONYMOUS:____________________

TAXI:______________________________________
(AT HOME YOU SHOULD INCLUDE WORK NUMBERS FOR ANY ADULT WHO MIGHT NEED TO BE REACHED IN A HURRY)

ALWAYS GIVE THIS INFORMATION IN EMERGENCIES:

1. NAME
2. NATURE OF EMERGENCY
3. TELEPHONE NUMBER
4. ADDRESS
5. EASY DIRECTIONS
6. EXACT LOCATION OF INJURED PERSON (E.G., BACKYARD BEHIND PARKING LOT)
7. HELP ALREADY GIVEN
8. WAYS TO MAKE IT EASIER TO FIND YOU (E.G., STANDING IN FRONT OF BUILDING, RED FLAG)

DO NOT HANG UP BEFORE THE OTHER PERSON HANGS UP

EMERGENCY TRANSPORTATION PERMISSION FORM

I understand that no emergency treatment will be given without parental consent except in a life-threatening situation. Since informed consent must be given at the time of the incident, I understand that I must leave numbers where I (or my spouse or a responsible adult designated by me) may be reached daily if the numbers below do not apply for that day.

In case of a medical emergency while my child is attending ______________________, I understand that the following procedure will be followed:

1. The center will contact parent(s):

   Mother can be reached at (tel.)____________or_____________.

   Father can be reached at (tel.)____________or____________.

2. If neither is available, the center will contact these emergency persons:

   Name:______________________can be reached at________________.

   Name:______________________can be reached at________________.

   Name:______________________can be reached at________________.

3. The center will arrange for emergency transportation to the nearest emergency medical facility, if necessary. At no time will a staff member drive with my child unless accompanied by another adult. My child will be transported by an ambulance or other such vehicle when necessary.

4. The center also will contact my child's physician__________________ who can be reached at______________________.

I hereby authorize the center to follow this procedure.

Parent's Signature:_________________________Date:________________

EMERGENCY PROCEDURES

1. Remain calm. Reassure the victim.

2. Stay at the scene and give help until the person assigned to handle emergencies arrives.

3. Send word to the person who handles emergencies at the center. This person will take charge of the emergency, assess the situation, and give any further first aid, as needed.

4. Do not move a severely injured or ill person except to save a life.

5. If necessary, phone for help. Give all the important information slowly and clearly. To make sure that you have given all the necessary information, wait for the other party to hang up first. Arrange for transportation of the injured person by ambulance or other such vehicle, if necessary. Do not drive unless accompanied by another adult. Bring the Emergency Transporation Permission Form with you.

6. Do not give aspirin or other medications unless authorized by the local Poison Control Center (for poisonings) or physician (for other illnesses).

7. Notify parent(s) of the emergency and agree on a course of action with the parent(s).

8. If a parent cannot be reached, notify parent's emergency contact person and call the physician shown on the child's Emergency Transportation Permission Form.

9. Be sure that a responsible individual from the center stays with the child until parent(s) take charge.

10. Fill out accident report within 24 hours. File in the child's folder. Give parent(s) a copy, preferably that day. Note injury information in central injury log.

INJURY REPORT FORM

Child's Name:______________________________Date:___________

Time of Injury:____________am/pm Witness___________________

Location:___________ Equipment/Product (if any) involved:__________

Parents notified by:_________________________Time:___________

____

Description of injury and how it happened:_____________________

____

____

____

Medical care given by the Center: ____________________________

____

____

Other Action Taken: (Specify hospital, clinic or physician):___________

____

____

____

Diagnosis/Follow-up Plan:____________________________________

____

____

____

Signature of Staff Member:________________________Date:________

Signature of Parent:______________________________Date:_______

SUBMIT WITHIN 24 HOURS OF ACCIDENT

File in Child's Folder.
Give Copy to Parent.
Enter into Injury Log.

FIRST AID RESOURCES

SAFETY

SCIPP (Statewide Childhood Injury Prevention Program). (617) 727-1246. Massachusetts Department of Public Health, 150 Tremont Street, Boston, MA (Helpful people and useful data).

Health, Safety and First Aid. A guide for training child care workers. Robertson, Audrey A., Toys 'n Things Press, Minnesota Curriculum Services Center, 3554 White Bear Avenue, White Bear Lake, MN 56110, 1980. (Lots of good information for teachers).

Of Acceptable Risk, Lawrence, William W., William Kauffman, Inc., Los Altos, CA ISBN 0-1913232-31-9. (A scientific discussion of risks and safety).

FIRST AID

Childhood Emergency Sourcebook, Kenneth Williams in collaboration with the Preschool Enrichment Team, Inc., 1985.

A Sigh of Relief--The First Aid Handbook for Childhood Emergencies, Martin Green, Ed., 2nd Ed., Bantam, NY, ISBN 0-553-01085-9. (Practical, easy to read first aid manual).

Emergency Care and Transportation of the Sick and Injured, 2nd Ed., AASO, 1977. LOC 76-3157. Approx. $10 (One of the standard EMT texts; emphasis on ambulance and basic rescue work.)

What Would You Do If...., A Kid's Guide to First Aid. Freeman, Lory, Parenting Press, 7750 31st Ave., NE, Seattle, WA 98115, 1983. Approx. $5. (Emphasizes discussion of prevention and first aid information for children).

First Things First--Your First Book About First Aid (for children). Upjohn First Thing First, 3rd Floor, 99 Park Avenue, New York, NY 10016.

AMERICAN RED CROSS

Standard First Aid and Personal Safety, 2nd Ed., Doubleday, NY, 1979. ISBN-0-385-15736-3. Approx. $5. (Good basic text with emphasis on safety, not very useful as a quick reference.)

Advanced First Aid and Emergency Care, 2nd Ed., Doubleday, NY, 1979. ISBN-0385-15-737-1. Approx. $5. (Emphasis on first aid and transportation.)

Other booklets on CPR, Choking, Poisoning, etc., are available at minimal cost, as are many good courses.

FIRST AID KIT LIST

The following is a list of items which should be included in a basic home or preschool first aid kit:

- A quick-reference first aid manual (e.g., A Sigh of Relief -- The First Aid Handbook for Childhood Emergencies)
- Note cards and pen
- Thermometer
- Flashlight
- Blunt-tip scissors
- Tweezers
- Rubber ear bulb syringe
- Plastic bags (for ice packs)
- Rubber gloves
- Kleenex
- Tylenol
- Bacitracin ointment
- Safety pins
- 10 4 x 4" gauze pads
- 10 2 x 2" gauze pads
- 25-1" and 25 assorted small "Band-Aids"
- 1 roll 4" flexible gauze bandage ("Kling")
- 1 roll 2" flexible gauze bandage ("Kling")
- 1 roll 1" bandage tape
- 2 triangular muslin bandages
- Syrup of Ipecac (at least 10 1-oz. bottles)
- With the kit, a large (1-2 quart) clean container for use in flushing eyes
- In your field trip kit, coins for pay phones, soap for washing wounds, cleansing pads, synthetic "ice" packs
- 5 alcohol preps
- Splint

* If a child has a special health need you will want to include additional supplies in your kit; e.g. bee sting kit or benedryl for a child with a severe allergy, sugar or honey for a child with diabetes, or inhalator for a child with asthma.

PREVENTIVE HEALTH CARE

Introduction

Health is defined by the World Health Organization as ". . . a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." The overall state of "wellness" is affected by each area of development. A child who has an undetected medical condition or who is neglected may become depressed or withdrawn or develop other emotional or learning problems. The child who has emotional upsets may develop physical symptoms or eating and sleeping disorders.

The purpose of this section is to highlight developmental and health concerns and provide staff with assistance in identifying potential problem areas.

Activity One addresses various aspects of screening and assessing health and developmental problems. *ActivityTwo* focuses on the logical sequence of development and some indicators of potential developmental delays. *Activity Three* addresses preventive dental health care. Read Chapters 9 and 11 in the Manual before conducting these activities.

ACTIVITY ONE -- Health/Developmental Screening

Concepts:

Screening, diagnosis, and treatment are different but important aspects of preventive health care.

It is important for day care staff to collect basic health and developmental information on each child.

Approximate Time Needed:

30 Minutes.

Materials Needed:

Handouts for each participant: Matching Sheet
Developmental Health History

Process:

1. Introduce this activity by telling participants that they play a crucial role in identifying potential health and developmental problems in their children. Explain that it is crucial for them to be able to identify potential problem areas and know what to do about them. Begin the workshop by asking each person to complete one of the matching sheets. After everyone has completed his/her sheet, discuss each term on the sheet stressing the following concepts:

   SCREENING is the use of quick, inexpensive, and simple procedures to sort out the apparently healthy from those who may have a delay/handicap/problem. There are many different screening instruments that can be used by day care staff. For example:

• Developmental Screening:	Early Screening Inventory McCarthy Screen Minneapolis PreSchool Screening Instrument Denver Developmental Screening
• Vision Screening:	Snellen E (Tumbling E) Broken Wheel Test
• Hearing Screening:	Pure Tone Audiometry Tympanogram

DIAGNOSIS is finding out if there is, in fact, a health or developmental problem and, if so, what it is.

- Health professionals do the diagnosing. For example, a doctor will diagnose strep throat through appropriate tests; a physical therapist will diagnosis a motor problem after an extensive evaluation; a psychiatrist or psychologist will identify an emotional disturbance.

TREATMENT is the management and care designed to control, minimize, correct, or cure a disease or abnormality (e.g. eyeglasses, fillings for dental cavities, therapy for a child with an emotional problem, use of drugs to control the seizures of epilepsy).

SIGNS are specific, observable behaviors such as coughing, vomiting, or swelling.

SYMPTOMS are internal conditions that cannot be observed directly. They must be described in order to be known to others.

- Health observations may be organized into signs and symptoms. Because children often cannot describe a symptom ("I feel nauseous"), staff need to be able to observe and describe signs of illness. It is important that the signs be described specifically. Rather than saying, "Jeffrey looks sick", it is better to say, "Jeffrey has a frequent dry cough, flushed cheeks, and a runny nose with thick yellow mucus." It is important to observe as many clues as possible such as the texture of the skin, breath odor, the appearance of a bruise, or the sound of a cough.

DEVELOPMENTAL MILESTONES are a range of normal behaviors and developmental skills and the approximate age range in which they tend to occur. The are usually organized according to when they typically develop. It is important to recognize that behaviors and skills do not develop at the same time for all children. There is a range during which most children develop a skill.

- Indicate that an understanding of normal development is essential for staff to be able to identify possible delays in the children for whom they care. Developmental Milestones can be helpful in teachers' observation of the development of their children.

2. Summarize the discussion by emphasizing that it is the role of day care staff to be able to *observe carefully* and *describe accurately* the behavior and appearance of their children. When there appear to be potential problems, staff should refer the child to the appropriate health or developmental professionals for a thorough assessment of the situation.

   - Health and developmental professionals have the task of providing formal assessment and making a diagnosis of a health and developmental problem.

3. Indicate to participants that *health histories* provide important information about the child's prior health experiences and risks for future diseases. While the child's physician will have a comprehensive health history, day care centers also need information primarily on current developmental health concerns.

4. Distribute the handout, Developmental Health History and review its contents. Stress the importance of having this information in order to provide appropriate care for the child.

Matching Sheet

Draw a line to the correct definition of each term.

TREATMENT

SIGNS

SCREENING

DEVELOPMENTAL MILESTONES

DIAGNOSIS

SYMPTOMS

the use of quick, inexpensive, and simple procedures to sort out the apparently healthy from those who may have an abnormality

finding out if there is, in fact, a health or a developmental problem and, if so, what it is

management and care designed to control, minimize, correct, or cure a disease or abnormality (e.g., eyeglasses, fillings for dental cavities)

specific observations of a person, e.g., coughing, vomiting, or swelling

internal conditions, e.g., nausea, headache, stomach ache

a range of normal childhood behaviors and developmental skills and the approximate age range in which they tend to occur

DEVELOPMENTAL HEALTH HISTORY

Child's Name:______________________________**Birth Date:**__________
(Last) (First)

Nickname:______________________________

PHYSICAL HEALTH

Does your child have any allergies? (such as hay fever, foods, medicine)______________________________

Does your child take any medicine regularly? If so, what?______________________________

Has your child ever been hospitalized? If so, why and when?______________________________

Does your child have any chronic illness? (such as asthma)______________________________

Does your child have a disability which has been diagnosed? (such as cerebral palsy, seizure disorder, developmental delay)______________________________

Do you have any other concerns about your child's health?______________________________

DEVELOPMENT

Compared to other children this age:

Does your child have any problems with talking? Please explain:______________________________

Does your child have any problems with walking, running, or moving around? Please explain:__________

Does your child have any problems seeing? Please explain.______________________________

Does your child have any problems hearing? Please explain.______________________________

Does your child have any problems using his/her hands (such as with picking up small object, puzzles, drawing, small building pieces)? Please explain.______________________________

DAILY LIVING

What is your child's typical eating pattern?______________________________

Does your child have strong food likes?____________________Dislikes?____________________

Does your child use table utensils (cup, fork, spoon)?______________________________

DEVELOPMENTAL HEALTH HISTORY (Page 2)

How does your child indicate bathroom needs? Word for urination: ____
Word for bowel movement: ____ Special words for body parts: ____

What are your child's regular bowel and bladder patterns? Do you want us to follow a particular plan for toileting? ____

For toddlers, please describe use of diapers or toileting equipment (such as potty, toilet seat adapter,etc.): ____

What are your child's regular sleeping patterns? Awakes at ____ Naps at ____
Goes to bed at ____

What help does your child need dressing? ____

SOCIAL RELATIONSHIPS AND PLAY

Has your child played with other children? ____

What ages are his/her most frequent playmates? ____

By nature is s/he friendly? ____ aggressive? ____ shy? ____ withdrawn ____

How does your child relate to strangers? ____
Does your child play well alone? ____

What is your child's favorite toy? ____ Is your child frightened by: animals ____
rough children ____ loud noises ____ dark ____ storms ____
anything else ____

What is your child's favorite television show? ____
How many hours a week does your child watch television? ____

Who does most of the disciplining? ____ What is the best way of handling him/her? ____

With what adults does your child have frequent contact? ____

How do you comfort your child? ____

Does your child use a special comforting item (such as a blanket, stuffed animal, doll)? ____

Parent's Signature ____ Date ____

PREVENTIVE HEALTH CARE

*ACTIVITY TWO -- Developmental Red Flags**

Concepts:

Development occurs in a logical and sequential fashion.

There are some common "red flags" or warning signs that alert staff to refer children whom they suspect may have developmental problems.

Approximate Time Needed:

120 Minutes.

Materials Needed:

Newsprint and markers for each group.

Eight Developmental Milestone Cards (arranged in the following order):

Walk alone
Walk up and down stairs alone, alternating feet
Jump rope
Run forward well
Balance on one foot 5 seconds
Walk along a line
Walk on balance beam
Walk backward

Six Age Cards: 0-12, 12-24, 24-36, 36-48, 48-60, 60-72; posted across the front of the room in sequential order.

Six Topic Cards:
Social Emotional Development
Fine Motor
Gross Motor
Perceptual Development
Speech and Language Development
Hearing and Vision

Handout for each participant: Developmental Red Flags

Process

1. Introduce the activity by directing the participants' attention to the age-range cards posted. Explain that the purpose of the activity is to examine gross motor development, upright balance and locomotion. Participants will be asked to estimate the age-range in which they feel most children master certain skills.

2. Hold up the first card, "WALK ALONE" and ask participants to offer their guesses. Do not give the "answer" for any of the eight cards until you have encouraged most of the participants to make a guess. This strategy helps the trainer evoke the attention and interest of a large number of participants in the topic.

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*This activity was taken from: Rothschild, J., Kjerland, L. and Heller, D. Mainstreaming in Head Start, Training Activities and Strategies. New York: New York University.

3. After guesses have been made by the group, post the card under the appropriate age range. (Note that the appropriate age-range has been typed in small print in the upper right hand corner as a quick reference for trainers. You may need to cover these numbers with your thumb when asking participants where to place the card).

4. Use the following, Discussion Strategies for each of the eight cards. Pose the "Questions to Elicit Discussion," which are designed to deepen understanding of the relevance of developmental assessment and to help participants understand the concepts involved.

Discussion Strategies

Developmental Milestone	**Questions to Elicit Discussion**	**Concepts to Evolve**
A. "Walk Alone"	1. Why do most people know the age-range for walking	1. Experience with our own children is often the reason. Most children walk around the time of their first birthday. This developmental milestone is the one best know by the general public. Hence, in many cases, "delay in walking" is an early signal to parents to seek special help. Many children, (18-24 months of age) with handicaps not apparent at birth are then brought in for diagnosis and can begin to get special help early.
B. "Walk Up and Down Stairs Alone, Alternating Feet"	1. Why was there such a wide range in guesses? (Often the suggestions will range from 24 to 60 months.)	1. Alternating feet involves a greater ability to balance on one foot than when the same foot leads each time.
	2. What is it that makes this such a difficult skill? Which do children accomplish first--going up or going down the steps? Why?	2. Going down steps alternating feet occurs about 12 months later than going up. Consider what the child sees when going up (the next step) versus down (the whole flight of steps). There are also differences in feeling sure-footed, for in going up, the toe can easily slide to a secure stop when it reaches the vertical part of the next step.
C. "Jump Rope"	1. What is the impact of experience on this skill? Who is more likely to jump earlier? --Girls vs. boys? (Are sex stereotypes an influence?) --Country versus city families? --Rich versus poor families?	1. While availability of steps and jump ropes can significantly influence when children learn the skills, there is still a sequence and rate of development common to children around the world.

Developmental Milestone	Questions to Elicit Discussion	Concepts to Evolve
D. "Run Forward Well"	1. If running is still being mastered at age three, how much opportunity do we provide children in safe, wide open spaces? What curriculum ideas does that signal?	1. Children are mastering running around obstacles at age 36-48 months. Obstacle courses, animal walks, treasure hunts, and creative movement are non-competitive activities. No races, please. Children are not developmentally ready for competition.
E. "Balance on One Foot 5 Seconds?	1. What are some other activities which involve this skill?	1. During this same time, children are also mastering 'hopping on one foot' and 'jumping over six inch high objects, landing on both feet. Later children are walking heel/toe, walking a balance beam, and skipping.
F. "Walk Along a Line"	1. Why would it be important for staff to know this developmental milestone?	1. This skill involves a great deal of balance. Balance is a critical ingredient in a great number of activities. Staff who are aware of this can seek help and provide extra opportunities to develop balance.
G. "Walk on Balance Beam"	1. For those who guessed a much younger age-range, are you recalling from memory accurately? This involves walking the full length unassisted.	1. Encourage staff to challenge their guesses by going back to their centers and observing much more closely what the children are really doing and how well they are doing it.
	2. What are some of the skills listed previously that might be prerequisities for this skill?	2. Prerequisite skills: shift body weight to maintain upright position, balance on one foot, alternate feet, walk a line.
H. "Walk Backward"	1. (Staff are likely to guess age-ranges such as 48-60 months and be far from guessing the correct 12-24 age range.) Ask why most guesses were so far off on this milestone.	1. Staff may have incorrect assumptions about when certain milestones occur. Two strategies can help staff sharpen their knowledge. --more careful observation of children throughout the day. --drawing on the chart of Normal Development in "Mainstreaming Pre-Schoolers"

5. Summarize the session with the following statements:

   - Later skills are a more complex form of earlier skills or are a composite of several earlier skills. There is a logical progression to the acquisition of developmental milestones.

   - When parents and early childhood staff increasingly understand the developmental process, two very important changes take place:

     -- They do not push children and require of children behaviors that are beyond their developmental readiness.
     -- They are able to identify possible developmental delays earlier and can get the child to specialists earlier.

   - Developmental assessment is perhaps the most important guide for planning children's activities. It is also a valuable resource for extending observation skills. Knowing where the child is now, developmentally, helps the staff predict and plan for skills that are likely to emerge next.

   - Developmental assessment helps put the child's behavior in perspective.

6. Instruct participants to divide into groups of 4-5. Assign or have groups volunteer to discuss one of the developmental areas by posting the four *Concept Cards:* Social Emotional Development, Motor Development, Speech and Language, Hearing and Vision.

7. Direct participants to identify "Red Flags" or Warning Signs that might indicate a child may have a problem in that area of development. Concentrate on preschool years (3-5). Have the groups also indicate to whom they might refer the child/family to further assess the situation. Have someone record the highlights on the newsprint.

8. Allow time for the groups to discuss their area (10-15 minutes).

9. When the groups appear to have completed their discussions, ask someone from the group(s) discussing social emotional development to review their highlights.

10. Continue in similar fashion with reports from the other three groups.

11. After all groups have reported, pass out the handout, Developmental Red Flags. Spend a few minutes reviewing the handout together.

12. Conclude this activity by stressing:

    - Day care staff are in a crucial position to identify potential developmental delays. In order to do this effectively, they must understand normal development and be able to observe their children's development.

    - Day care staff can be instrumental in referring children with potential delays to appropriate professionals for assessment.

PREVENTIVE HEALTH CARE, *ACTIVITY TWO* 12-24

WALK ALONE

PREVENTIVE HEALTH CARE, *ACTIVITY TWO* 48-60

WALK UP & DOWN STAIRS ALONE ALTERNATING FEET

PREVENTIVE HEALTH CARE, *ACTIVITY TWO* 60-72

JUMP ROPE

PREVENTIVE HEALTH CARE, *ACTIVITY TWO* 24-36

RUN
FORWARD
WELL

BALANCE ON ONE FOOT 5 SECONDS

PREVENTIVE HEALTH CARE, *ACTIVITY TWO* 36-48

WALK ALONG A LINE

WALK ON BALANCE BEAM

WALK BACKWARD

PREVENTIVE HEALTH CARE, *ACTIVITY TWO*

0 - 12 MONTHS

■■

PREVENTIVE HEALTH CARE, *ACTIVITY TWO*

12 -24 MONTHS

24 - 36 MONTHS

……

36 - 48 MONTHS

48 - 60 MONTHS

PREVENTIVE HEALTH CARE, *ACTIVITY TWO*

60 -72 MONTHS

SOCIAL EMOTIONAL DEVELOPMENT

FINE MOTOR

PREVENTIVE HEALTH CARE. *ACTIVITY TWO*

GROSS MOTOR

PREVENTIVE HEALTH CARE. *ACTIVITY TWO*

PERCEPTUAL DEVELOPMENT

SPEECH AND LANGUAGE DEVELOPMENT

HEARING AND VISION

DEVELOPMENTAL RED FLAGS

SOCIAL EMOTIONAL DEVELOPMENT

RED FLAGS

Be alert to a child who, compared with other children his age or six months older or younger:

1. Does not seem to recognize self as a separate person, or refer to self as "I".
2. Does not separate from parent or separates too easily.
3. Is anxious, tense, restless; compulsive, cannot get dirty or messy, has many fears, engages in excessive self-stimulation.
4. Seems preoccupied with his inner world, conversations do not make sense; cannot distinguish fantasy from reality.
5. Shows little or no impulse to control; hits or bites as first response; cannot follow a classroom routine.
6. Expresses emotions inappropriately; laughs when sad, denies feelings; facial expressions do not match emotions.
7. Cannot focus on activities; short attention span; cannot complete anything; flits from toy to toy.
8. Relates only to adults; cannot share adult attention; consistently sets up power struggle; or is physically abusive to adults.
9. Consistently withdraws from people, prefering to be alone; no depth to relationships; does not seek or accept affection or touching.
10. Treats people as objects; has no empathy for other children; cannot play on another child's terms.
11. Is consistently aggressive, frequently hurts others deliberately; shows no remorse or is deceitful in hurting others.

FINE MOTOR, GROSS MOTOR, PERCEPTUAL

RED FLAGS

Pay extra attention to:

1. The child who is particularly uncoordinated. For example:
    - has lots of "accidents"
    - trips, bumps into things
    - awkward getting down/up, climbing, jumping, getting around toys and people
    - stands out from the group in structured motor tasks -- like walking, climbing stairs, jumping, standing on one foot
    - avoids the more physical games

2. The child who relies heavily on watching his own or other peoples' movements in order to do them himself. For example:
    - may have to watch his/her feet on the stairs
    - may visually study another child's movements in circle games
    - may frequently misjudge distances
    - may become particularly uncoordinated or off-balance with eyes closed

3. The child who, compared to peers, uses much more of his/her body to do the task than the task requires. For example:
    - dives onto the ball (as though to cover the fact that s/he cannot coordinate a response)
    - uses tongue, feet, or other body parts to "help" in coloring, cutting, tracing, or with other concentration
    - extremely heavy coloring
    - leaning over the table when concentrating on a fine motor project
    - in doing wheelbarrow, the knees and feet keep pulling under the body or rump is up in the air

4. The child with extraneous and involuntary movements. For example:
    - while painting with one hand, the other hand is held in the air or waving
    - chronic toe walking
    - twirling or rocking movements
    - hand shaking or finger tapping

5. The child who involuntarily finds touching uncomfortable. For example:
    - flinches or tenses when touched or hugged
    - avoids cramped situations in a circle, at a table, in line
    - avoids activities which require touching or close contact
    - may be uncomfortable lying down, particularly on his/her back
    - reacts as if "attacked" when unexpectedly bumped
    - blinks, protects self from a ball even when trying to catch it

6. The child who compulsively craves being touched or hugged. Or, the older child who almost involuntarily has to feel things to understand them. For example:
    - clings to, or lightly brushes, the teacher a lot
    - always sits close to or touches kids in a circle
    - strongly attracted to sensory experiences -- such as with blankets, soft toys, water, dirt, sand, paste, hands in food

7. The child who has had a reasonable amount of experience with fine motor tools but whose skill does not improve proportionately. For example:
    - older child who still can only snip with scissors or whose cutting is extremely choppy
    - extremely heavy crayon pressure
    - older child who still cannot color within the lines on a simple project
    - frequent switching of hands with crayon, scissors, paint brush in the older child
    - experienced child who tries but cannot help getting paste, paint, sand, water "everywhere"
    - the child who is very awkward with, or chronically avoids, small manipulative materials

8. The child who is especially poor at new but simple puzzles, at coloring, structured art projects, and drawing a person without practice. For example:
    - even when trying hard, takes much longer to do the task and the final result is still poor compared to peers
    - shows lots of trial/error behavior when trying to do a puzzle
    - mixes up top/bottom, left/right, front/back, etc., on simple projects where a model is to be copied
    - the older child who uses blocks or small cubes to repeatedly build and crash tower structures and who seems fascinated and genuinely delighted with the novelty of the crash
    - the older child who still does a lot of scribbling

SPEECH AND LANGUAGE DEVELOPMENT

RED FLAGS

1. Articulation. *Watch for the child:*
    - Whose speech is difficult to understand, compared with peers
    - Who mispronounces sounds
    - Whose mouth seems abnormal, e.g., excessive under- or overbite; swallowing difficulty; poorly lined-up teeth
    - Who has difficulty putting word sounds in proper sequence
    - Cannot be encouraged to produce age-appropriate sound
    - Has history of ear infections or middle ear disorders

- two years old -- all vowel sounds
- three years old -- p, b, m, w, h
- four years old -- t, d, n, k, h, ng
- five years old -- f, j, sh
- six years old -- ch, v, r, l
- seven years old -- s, z, voiceless and voiced "th"

NOTE: Most children develop the following sounds correctly by the ages shown: (i.e., don't worry about a three-year-old who mispronounces "t")

2. Dysfluency (Stuttering). *Note the child who, compared with others his age:*
   - Shows excessive:
     --repetitions of sounds, words (m-m-m; I-I-I-I-)
     --prolongations of sounds (mmmmmmmmmmmm)
     --hesitations or long blocks during speech, usually accompanied by tension or struggle behavior
     --putting in extra words (um, uh, well)
   - Shows two or more of the following while speaking:
     --hand clenching
     --eye blinking
     --swaying of body
     --pill rolling with fingers
     --no eye contact
     --body tension or struggle
     --breathing irregularly
     --tremors
     --pitch rise
     --frustration
     --avoidance of talking
   - Is labelled a stutterer by parents. Remember, stuttering is NOT considered abnormal in the preschool years.
   - Is aware of his dysfluencies.

3. Voice. *Note the child whose:*
   - rate of speech is extremely fast or slow
   - voice is breathy or hoarse
   - voice is very loud or soft
   - voice is very high or low
   - voice sounds very nasal

4. Language. (Ability to use and understand words) *Note the child who:*
   - does not appear to understand when others speak, even though hearing is normal
   - is unable to follow one- or two-step directions
   - communicates by pointing, gesturing
   - makes no attempt to communicate with words
   - has small vocabulary for age
   - uses parrot-like speech (imitates what others say)
   - has difficulty putting words together in a sentence
   - uses words inaccurately (calls a "fire" a "burn", or a "knife" a "fork")
   - demonstrates difficulty with three or more of the following: making a word plural, changing tenses of verb, using pronouns, using negatives, using possessives, naming common objects, telling function of common objects, using prepositions.

NOTE:

- *Two-year-olds use mostly nouns, few verbs.*
- *Three-year-olds use nouns, verbs, some adverbs, adjectives, prepositions*
- *Four-year-olds use all parts of speech.*

HEARING

RED FLAGS

1. Speech and Language. *Look for the child:*
    - whose speech is not easily understood by people outside the family
    - whose grammar is poorer than other children of the same age
    - who does not use speech as much as other children of the same age
    - who has unusual voice (hoarseness, "stuffy" quality, lack of inflection, or voice which is usually too loud or too soft)

2. Social Behavior (at home and in school). *Look for the child who:*
    - is shy or hesitant in answering questions or joining in conversation.
    - misunderstands questions or directions; frequently says "huh" or "what" in response to questions
    - appears to ignore speech; hears "only what he wants to"
    - is unable to tune in on speech, particularly in noisy situations
    - is unusually attentive to speaker's face, or unusually inattentive to speaker, turns one ear to speaker
    - has difficulty with listening activities such as story time; difficulty following directions
    - has short attention span
    - is distractable and restless; tends to shift quickly from one activity to another
    - is generally lethargic or disinterested in most day-to-day activities
    - is considered a "behavior problem", too active or aggressive; or too quiet and withdrawn

3. Medical Indications. *Look for the child who:*
    - has frequent or constant upper respiratory tract infections, congestion which appears related to allergies, or a "cold" over several weeks or months
    - has frequent earaches, ear infections, throat infections, or middle ear problems
    - has had draining ears on one or more occasions
    - is mouth breather and snorer
    - is generally lethargic; has poor color

VISION

RED FLAGS

Note during class and during vision screenings:

1. Eyes
    - watery
    - discharge
    - lack of coordination in directing gaze of both eyes
    - redness
    - sensitivity to light

2. Eyelids
    - crusts on lids or among lashes
    - redness
    - recurring sties or swollen eyelids

3. Behavior and Complaints
    - rubs eyes excessively
    - dizziness, headaches, nausea on close work
    - attempts to brush away blur
    - itchy, burning, scratchy eyes
    - contorts face or body when looking at distant objects; or thrusts head forward; squints or widens eyes
    - blinks eyes excessively, holds book too close or too far, inattentive during visual tasks
    - shuts or covers one eye, tilts head
    - eyes appear to cross, or wander, especially when tired

ACTIVITY THREE -- Dental Health Care

Concepts:

Children should begin to develop good dental hygiene during their early years.

Children should receive a diet that avoids foods which can be particularly harmful to teeth.

Approximate Time Needed:

45 Minutes.

Materials Needed:

Situation Card for each group.

Handouts for each participant:	Sugary Foods Dental Referral Criteria for Three-Year Old and Children

Process:

1. Indicate to staff that dental health is also an aspect of preventive health care. It is one in which day care staff can have a large impact.
2. Distribute a copy of the *Situation Card* for each group of 4-5 participants.
3. Allow time for the group to discuss the situation (10 minutes).
4. Ask for a volunteer to share their discussion of one of the questions. Ask for other volunteers. Stress the following concepts:

   TYPE OF TOOTHBRUSH

   - Most dentists and hygienists recommend a small toothbrush with:
     - -- Soft, rounded, nylon bristles
     - -- A straight handle
     - -- An even brushing surface
     - -- A head small enough to reach every tooth
   - When the bristles become bent, the brush doesn't clean well and should be replaced. Brushes should be replaced every three to four months or as necessary.

   STORAGE OF TOOTHBRUSHES

   - Each child must have his/her own toothbrush, labeled by name, which must never be shared.
   - Toothbrushes must be stored properly so that they stay clean and open to the air. The bristle should not touch any surface. For example, a shelf with holes in it mounted on the wall is a fine storage method. Another alternative is to use a styrofoam egg carton. Clean it with alcohol, and punch a hole in each egg compartment. Store the brushes brush-side up so they do not touch each other.

TOOTHPASTE

- Use only flouride toothpaste. Use only a small amount (the size of a pea) and encourage children to spit it out. Use toothpaste only for children who will not swallow it; swallowed toothpaste can cause irregular doses of flouride. To discourage children from eating it, do not use a highly flavored toothpaste.

PROPER BRUSHING

- An adult should supervise toothbrushing.

- Teach children proper brushing technique; get help from a dentist or hygienist if needed. It has been shown that the circular motion is easy and effective. Guidelines for proper brushing are:

  -- Direct the bristles at a 45° angle where the teeth and gums meet.
  -- Brush the outside and inside surfaces of the teeth. Place the bristles of the toothbrush where the teeth and gums come together. Move the brush in short, circular motion, back and forth, brushing the gums as well as the teeth.
  -- Brush the top (chewing) surfaces. Scrub back and forth.
  -- Use a systematic routine every time. Begin with the top teeth, outside surface in the back right side. Follow the arch around to the left side. Follow the same system for the inside surfaces. Brush chewing surfaces on both sides. Brush the bottom teeth using the same routine.
  -- Brush the tongue.

RESOURCES

- Contact local dentist or American Dental Association for sample brushes, posters demonstrating brushing techniques, coloring books, etc., regarding dental hygiene; ask for a volunteer to visit the center and speak with the children.

5. Continue the discussion by reminding participants that they probably all know that sugar is bad for teeth. Ask for some examples of sugary foods that are sometime served in day care centers. After a few examples, distribute the handout, Sugary Foods, and ask participants to read through the examples. Stress that some natural, sticky foods with high sugar content (raisins, dates) are particularly harmful to teeth because they stick to the teeth for long periods. Ask for suggestions of what might be done in order to lessen the bad effects if raisins or other similar foods are served. Stress the importance of brushing or rinsing the mouth after eating these foods.

6. Indicate that day care staff can spot potential dental problems. Distribute handout, Dental Referral Criteria for Three-Year-Old Children. Review the items for both soft and hard tissues. Indicate that it is important for staff to be familiar with potential problem areas so they can encourage the parents to have these problems checked by a dentist.

7. Conclude this activity by stressing the important role day care staff play in helping young children learn good habits that will last into adulthood. Brushing teeth after lunch and snacks at the center has the double benefit of cleaning teeth and teaching a good habit. This routine, if it is well organized, will probably not take more than five minutes a day but can be one of the most important health activities conducted in the center.

SITUATION CARD

Your center has recently decided to start a toothbrushing routine. Until now the children have not brushed their teeth at the center.

What considerations would you give to:

- *Type and storage of toothbrushes*
- *Procedures for brushing*
- *Resources to contact for help*

SUGARY FOODS

High sugar foods are clearly linked to tooth decay. Avoid or limit sweetened drinks, candy, jelly, jam, and sweetened desserts such as cake, cookies, jello, sweetened canned fruit. Fresh fruit makes a great snack or dessert.

Here are some important facts about sugar and teeth:

1. Natural sugars such as maple syrup and honey are just as harmful to teeth as refined sugar.
2. Sticky sweets (such as caramel) are particularly harmful because they remain on the teeth longer than other sweets.
3. Eating a sweet all at once is better than eating one for a long time (such as a lollipop), or often (such as popping mints or hand candies every 20 minutes).
4. Frequent snacking is not a good idea because the teeth are attacked by the decay process throughout the day.
5. Even sweet fruits, such as raisins and dates, should be eaten with a meal because they are sticky and very high in natural sugar.
6. Never put a baby to bed with a bottle of milk, formula, sweetened liquids, or fruit juices. The natural sugars stay on the teeth for a long time and cause serious decay called "nursing bottle mouth".
7. Never reward good behavior with candy or other sweets.

DENTAL REFERRAL CRITERIA FOR THREE-YEAR-OLD CHILDREN

For most children under three, a visit to a dentist is purely an educational experience. However, there are cases where consultation with a dentist is recommended. Listed below are things to observe in three-year-old children. If you answer "no" to any of the questions, you should recommend that the child's parents consult a dentist.

SOFT TISSUES (TONGUE, LIPS, CHEEK, GUMS)

- Can the child stick his/her tongue tip completely out of his/her mouth?
- Can he swallow with his/her teeth together -- without the tongue pushing through each time?
- Are the upper and lower lips the same size? Is the lower lip chapped and cracked?
- Is there a clear distinction between lip and skin of face?
- Is the color inside the cheeks even throughout?
- Are gum tissues the same color, top and bottom? Front to back? Are gums free of pimples? No swelling?

HARD TISSUES (TEETH)

Number

- Are there 20 teeth, 10 in each jaw?
- Are there the same number of teeth on either side of the midline?
- Are teeth on either side the same shape?

Bite

- When the child closes his/her mouth, do the top teeth bite over the bottom teeth? Do the back teeth meet?
- Do all the teeth come in contact when jaw is closed?
- Are the teeth spaced out, not crowded?

Color

- Are the teeth milky white? Are they an even color from tips to gumline?
- Are the top, bottom, front and back teeth all the same color?
- Do any stains and colors come off easily with a toothbrush?

Oral Hygiene

- Are the teeth clean?
- Does the mouth have a clean, sweet odor?

NUTRITION

Introduction

Good nutrition is essential to good quality day care. Tasty, colorful, nutritious foods and a pleasant, relaxed eating environment contribute to a child's sense of well being. A child develops healthy eating habits for life as a result of early eating experiences. Day care providers need to know the nutritional requirements of children and how to provide a nutritious diet.

Eating situations also provide an opportunity to learn, socialize and share with others. The process of eating helps children develop new skills and learn about their bodies. Young children use all their senses to eat. As a child learns different cultural patterns and food practices, appreciation and respect of others is developed. Since mealtime provides an excellent opportunity for children to converse, quiet talking should be encouraged.

Activity One focuses on basic nutritional requirements of children from birth to five years of age. *Activity Two* addresses the social and cognitive aspects of positive mealtimes. Read Chapter 12 in the Manual before conducting these activities.

*ACTIVITY ONE -- NUTRITION**

Concepts:

Good nutrition is essential to good quality day care.

In order to provide the necessary nutrients, child care providers need to know the nutritional requirements of children.

Children need a variety of foods each day including foods from each of the main food groups.

Infants and toddlers have special nutritional needs of which day care providers should be aware.

Approximate Time Needed:

120 Minutes.

Materials Needed:

One copy of each of the *Concept Cards* :
- Milk & Milk Products
- Meat or Meat Alternatives
- Vegetables and Fruits
- Breads and Cereals

Handouts for each participant:
- Infant Feeding Guide
- Some Things to Remember
- Food Chart
- Snacks
- Menu Form
- Menu Evaluation Checklist
- Sample Weekly Menu
- Food Facts

*Sections of this activity are taken from: Headstart Bistate Training Office, Living and Teaching Nutrition, University of Maryland.

Process:

1. Introduce this activity by indicating that day care providers have the responsibility of providing for the nutritional needs of their children, particularly if a child spends 8 or more hours in their care.

2. In order for providers to do a good job it is necessary to know WHAT foods the child needs and HOW MUCH the child needs.

3. Begin a general discussion by asking participants if they remember the famous FOOD GROUPS. Ask for one group at a time and then post the appropriate concept card as each food group is discussed. Ask for examples for each food group.

4. Infant Feeding Needs. (This section can be eliminated if participants do not care for infants.) Indicate that for Infants there are special nutritional requirements. The schedule and food requirement change rapidly during the first 12 months as infants receive progressively more solid food.

   Distribute the handout, Infant Feeding Guide, and allow 2-3 minutes for participants to read through it. Stress the following:

   - Infants begin receiving total nutritional requirements solely from breastmilk or formula up to approximately 32 oz. per day.

   - At about 4-6 months as some infants need more calories, cereal and apple juice can be introduced.

   - After 6 months, strained or mashed foods are introduced one at a time to check for allergic reactions.

   - Gradually more textures and varieties of foods are introduced as the amount of formula is reduced.

   Summarize the discussion of infant feeding needs by distributing the handout, Some Things to Remember, and reading through it with participants.

5. Toddler feeding needs indicate that there are also special feeding considerations for toddlers. Stress:

   - During the period 18 months to 3 years, the growth rate slows down. As a result, a toddler eats less.

   - As a day care provider, you are responsible for:
     -- What the children are offered.
     -- When, where and how it is offered.

   - The toddler is responsible for how much is eaten.

   - Toddlers consume approximately 1000-1300 calories per day. They may not eat a range of food groups in one day but they should be eating a nutritionally balanced diet on a weekly basis.

   - Toddler sized portion is less than an adult. Too much food on the toddler's plate can be overwhelming. As a rule: offer one fourth to one third an adult's portion or one tablespoon per year of age whichever seems most appropriate. Distribute the handout, Food Chart .

6. Point out that for young, active children it is necessary to provide two snacks--one midmorning and one midafternoon--in order to assure that they get the nutrition they need. Distribute the handout, Snacks, and stress that there are many healthy snacks to use.

7. Divide participants into groups of 4-6 participants and distribute the handout, Menu Form. Instruct participants to design a menu using the blank form. Allow approximately 15-20 minutes. Pass out the handout, Menu Evaluation Checklist, and direct participants to evaluate their menus. Discuss several menus developed by the groups.

8. Distribute Sample Weekly Menu. Allow participants a few moments to compare their menu with the sample menu. Then, point out the following:

   - All nutritional requirements are included in servings.
   - A variety of foods is present.
   - Raw vegetables and fruits are included for ruffage.
   - Portion size reflects what a young child needs.

9. Summarize this activity by distributing the handout, Food Facts. Read through the facts with participants. Stress the following:

   - New foods are introduced slowly, in a positive and gentle way.
   - Food should not be used as a reward or punishment, especially desserts or other sweet foods. All foods should be enjoyed and eaten to satisfy hunger. Also avoid giving food to distract when a child is crying.
   - Assure food safety by knowing what foods are potentially unsafe.
   - Avoid serving large amounts of harmful food such as sugar, salt, fats, cholesterol, artificial coloring and flavoring.

NUTRITION, *ACTIVITY ONE*

MILK AND MILK PRODUCTS

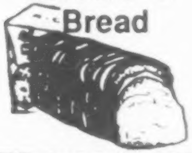
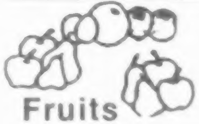
NUTRITION, *ACTIVITY ONE*

MEAT OR MEAT ALTERNATIVES

VEGETABLES AND FRUIT

BREAD AND CEREALS

INFANT FEEDING GUIDE

FOODS/MONTHS	0-4 MONTHS	4-6 MONTHS	6-8 MONTHS	8-10 MONTHS	10-12 MONTHS
Breastmilk	Short frequent feedings 8 or more per day	Short frequent feedings 5 or more per day	On Demand 5 or more feedings	On Demand	On Demand
or Iron-Fortified Formula	16-32 ounces 5-10 feedings per day	24-40 ounces 4-7 feedings per day	24-32 ounces 3-4 feedings per day	16-32 ounces 3-4 feedings per day Can wean now from the bottle	16-24 ounces 3-4 feedings per day Offer whole milk now
Cereals & Bread 	None	Boxed rice, oatmeal or Barley (Spoonfed) Mix 2-3 teaspoons with formula, water or breastmilk	Most varieties of boxed Infant Cereal Avoid cereals that are pre-mixed with formula, fruit or honey(1-4 tablespoons, twice a day)	Infant cereals, Cream of Wheat or other plain hot cereals Toast, bagel or crackers Good for teething	Hot or cold unsweetened cereals Bread Rice Noodles or spaghetti
Fruit Juices	None	Infant juice or adult apple juice, vitamin-C fortified (Avoid orange & tomato juice now) (2-4 ounces per day)	Infant juice or adult apple juice, vitamin-C fortified Offer juice from a cup (4 ounces per day)	All 100% juices Orange and tomato juice can be offered now	All 100% juices from a cup
Vegetables	None	None	Strained or mashed vegetables; dark yellow or orange (avoid corn) Dark green (1/2-1 jar or 1/2 cup per day)	Cooked and mashed, fresh or frozen vegetables	Cooked vegetable pieces May have some raw vegetables if child can chew them well
 **Fruits**	None	None	Fresh or cooked fruits Mashed bananas Applesauce Strained fruits (1 jar or 1/2 cup per day)	Peeled, soft fruit wedges Bananas, peaches, pears, oranges, apples	All fresh fruits, peeled and seeded Canned fruits, packed in water or its own natural juice
Protein Foods	None	None	Try plain yogurt Can be mixed with soft fresh fruit or applesauce	Lean meat, chicken & fish (strained, chopped or small tender pieces) Egg yolk, Yogurt, Mild cheese, Cooked dried beans	Small tender pieces - meat, fish or chicken Whole egg, Cheese, Yogurt, Cooked dried beans, Peanut butter

Some things to remember...

EVERY BABY IS DIFFERENT.
CONSULT YOUR DOCTOR OR NUTRITIONIST TO MAKE SURE YOUR BABY IS GETTING WHAT HE/SHE NEEDS.

A BABY'S BOTTLE IS FOR WATER, FORMULA AND 100% JUICE ONLY.

Poor eating habits may result from putting food in the bottle.

Avoid soda (tonic) and fruit drinks; Kool-aid, Hi-C, Hawaiian Punch, Zarex and Tang. They are full of sugar and food coloring.

SKIM
LOW-FAT

WHEN YOU START TO OFFER MILK, USE WHOLE MILK.

Skim or lowfat milk should not be given to any child less than 2 years old because

- it does not have enough fat for the brain and nerves to grow;
- it may not have enough calories for growth.

DO NOT FEEL PRESSURED TO START SOLID FOODS BEFORE 4 MONTHS. THE BABY'S DIGESTIVE SYSTEM IS NOT YET FULLY DEVELOPED TO DIGEST SOLID FOODS.

YOU CAN MAKE YOUR OWN BABY FOODS. THEY COST LESS AND CAN BE BETTER FOR YOUR BABY.

- Sugar, butter and salt should not be added to your baby's food.
- Ask your nutritionist how to prepare your own baby foods.

NURSING BOTTLE SYNDROME

DON'T PUT YOUR BABY TO BED WITH A BOTTLE BECAUSE

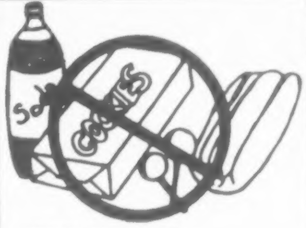
- it can cause ear infections,
- it can hurt their teeth by causing tooth decay (cavities) and
- it is a hard habit to break.

PLAIN
PLAIN

BUY PLAIN MEATS, VEGETABLES AND FRUITS - YOU GET MORE FOR YOUR MONEY.

- Combination dinners contain added water and starch fillers.
- You can mix meats and vegetables together if your baby prefers them that way.

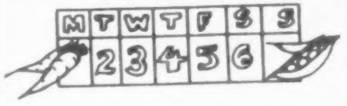
USE A BABY SIZE SPOON TO FEED YOUR BABY SMALL AMOUNTS AT FIRST.
MAKE THE FOOD THIN AND SMOOTH BY MIXING IT WITH A LITTLE FORMULA, BREASTMILK OR WATER.



FOODS TO AVOID

- MIXED DINNERS
- BACON, LUNCHEON MEATS, HOT DOGS, HAM
- CREAMED VEGETABLES
- FRUIT DESSERTS
- PUDDINGS
- COOKIES, CANDY, CAKES
- SWEETENED DRINKS

These foods are high in fat and sugar and contain few nutrients for your money.


M T W T F S S
2 3 4 5 6

ADD ONE NEW FOOD AT A TIME. WAIT ABOUT 5 DAYS BEFORE YOU TRY ANOTHER ONE.

- This will give your baby time to get used to the new food.
- If your baby has a reaction, you will know which food caused it.

THE BEST FOODS

- PLAIN FRUIT
- PLAIN MEATS
- PLAIN VEGETABLES
- EGGS
- 100% FRUIT JUICES
- UNSALTED CRACKERS
- RICE
- NOODLES, SPAGHETTI
- WHOLE WHEAT BREAD
- HOT OR COLD UNSWEETENED CEREALS
- PLAIN YOGURT
- COTTAGE CHEESE

[illegible] is an Equal Opportunity Program. If you believe you have been discriminated against because of race, [illegible] national origin, age, sex, or handicap, write immediately to the Secretary of Agriculture, Washington, D.C. [illegible]

FOOD CHART

Child Care Food Program

Age 1-3	Age 3-6	
BREAKFAST		
Milk	1/2 cup	3/4 cup
Juice or Fruit or Vegetable	1/4 cup	1/2 cup
Bread or	1/2 slice	1/2 slice
Cereal	1/4 cup	1/3 cup
SNACK		
Milk or		
Juice or Fruit or Vegetable	1/2 cup	1/2 cup
Bread or	1/2 slice	1/2 slice
Cereal	1/4 cup	1/3 cup
LUNCH/SUPPER		
Milk	1/2 cup	3/4 cup
Meat or Poultry or Fish or	1 ounce	1-1/2 oz.
Cheese or	1 ounce	1-1/2 oz.
Eggs or	1	1
Peanut Butter or	2 Tablespoons	3 Tablespoons
Dried Beans and Peas	1/4 cup	3/8 cup
Fruits (2 or more) or		
Vegetables (2 or more) or		
Fruits & Vegetables to total	1 cup	1/2 cup
Bread	1/2 slice	1/2 slice

Recordkeeping

- Keep menu records
- Count meals served:
  - to enrolled children
  - to adult staff
  - to other adults

Points to Remember

- Use fluid milk
- Use bread or cereal made from enriched or whole grain flour
- Use full-strength milk and juice
- Each child must be served the required amount of each food group at all meals.

SNACKS

Build Health Body and Teeth -- Give Energy

JUICY
Oranges
Grapefruit
Blackberries
Raspberries
Strawberries
Other berries
walnuts, Tangerines
Tomato
Plums
Peaches
Apricots
Cantaloupe
Watermelon
Other melons
Freshy pineapple
Apples
Pears
figs,
Pickles
Canned Fruit (in its
own juice)

CRUNCHY
Carrots
Radishes
Turnips
Rutabagas
Raw sweet potato
Cauliflower
Cabbage wedges
Green peppers
Celery
Popcorn (unbuttered & unsalted)
Cucumbers
Lettuce wedges
Asparagus
Broccoli
Zucchini

THIRSTY
Water
Orange juice
Grapfruit juice
Tomato juice
V-8 juice
Whole milk
Skim milk (nonfat)
1% or 2% milk (lowfat)
Buttermilk
Apple juice
Cranberry juice
Pineapple juice

HUNGRY
Hard cooked eggs
Deviled eggs
Yogurt, plain
Cheese cubes or slices
Cottage cheese
Nuts: peanuts,
cashews, filberts
Sunflower seeds
Dry enriched cereal
Chicken
Turkey
Corn or bran muffins
Raisins
Whole wheat bread
Peanut butter crackers
(unsalted)
Dried fruit (prunes,
apples, apricots)
Pumpkin seeds

MENU FORM

USDA Child Care Food Program Snack and Meal Pattern	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BREAKFAST Milk Fruit and/or Vegetable Bread or Cereal					
MORNING SNACK Serve any two of the following foods: Milk Fruit and/or vegetable Bread or bread alternate Meat or meat alternate					
LUNCH OR SUPPER (Circle one) Meat or meat alternate Vegetable and/or fruits (2 or more) Bread or bread alternate Milk Other foods					
AFTERNOON SNACK (Serve any two of the following foods) Milk Fruit and/or vegetable Bread or Bread Alternate Meat or Meat Alternate					

NUTRITION, *ACTIVITY ONE -- HANDOUT*

MENU EVALUATION CHECKLIST

This menu evaluation checklist has been designed to be used as a guide when planning menus. Fewer than twenty-one (21) "YES" answers indicate a substandard menu. Questions with asterisks (*) must be answered correctly, since these represent requirements specified in Government Regulations.

QUESTIONS	YES	NO
1. Does the menu contain foods which are well liked by the children?	____	____
2. Does the menu contain all the recommended foods?	____	____
3. Does the menu contain a good-to-excellent source of Vitamin C daily?	____	____
4. Does the menu contain a good-to-excellent source of Vitamin A and iron every day?	____	____
5. Have the required serving sizes of food for the particular age group been followed as indicated in the menu?	____	____
6. Have hot and cold foods been included?	____	____
7. Is there a variety of colors?	____	____
8. Is there a variety of flavors?	____	____
9. Is there a variety of textures?	____	____
10. Is there diversity in taste?	____	____
11. Have raw and cooked fruits and vegetables been included in the menu?	____	____
12. Is there a good variety of different types of food?	____	____
13. Are foods which are easily eaten by children included (i.e. finger foods)?	____	____
14. Are ethnic and cultural foods which are familiar to the children included in the menu?	____	____
15. Is there a good variety of different types of food each week? (i.e., a food which is generally unfamiliar to a majority of the children)?	____	____
16. Are some foods included on the menu which the children will be able to prepare and serve?	____	____
17. Have the skill of the cook, and the availability of both recipes and equipment been taken into consideration?	____	____
18. Can the menu be prepared in a reasonable amount of time?	____	____
19. Does the menu make provision for use of donated commodities? (If NA, leave blank)	____	____
20. Are seasonal foods included in the menu?	____	____
21. Are pies, cakes, sweet rolls, donuts and sugarcoated cereals absent from the menu?	____	____
22. Are special dietary products which have been artificially fortified to replace a natural food to meet standards absent from the menu?	____	____
23. Have full strength natural juices been included?	____	____
24. Do you avoid unsafe foods for children under three?	____	____

SAMPLE WEEKLY MENU

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BREAKFAST	1/2 banana, sliced 1/2 cup sweetened iron-fortified cereal 3/4 cup milk	1/2 cup apple juice (fortified with vitamin C) 1 hard boiled egg 1 slice toast 1 tsp. margarine 3/4 cup milk	1/2 cup grapefruit juice 1small muffin 1tsp. margarine jelly 3/4 cup milk	1/2 cup melon chunks in season 1 oz. cheese melted on 1/2 English Muffin 3/4 cup milk	1/2 cup apple juice 1/2 cup unsweetened iron-fortified cereal 3/4 cup milk
SNACK	1/4 cup cottage cheese on 1 peach half water	1/2 slice cinnamon toast 1/2 cup milk	1/2 cup vanilla yogurt with 1/4 cup berries in season 1 graham cracker water	1/2 cup unsweetened iron-fortified cereal 1/2 banana 1/2 cup milk	1 corn muffin 1 tsp. margarine 1/2 cup milk
LUNCH	Grilled ham sandwich (grill 2 oz. ham on 1-2 slices bread with 1 tsp. margarine), 3 carrot sticks, 1/2 apple water	Peanut butter sandwich (2 tbsp. peanut butter on 1-2 slices bread) 3/4 cup milk 1 small tangerine (no seeds)	Egg salad sandwich (1 egg, 2 tsp. mayonnaise on 1-2 slices bread) 1/2 fresh orange 3/4 cup milk	1/2 cup apple juice 1/2 cup Chili Con Carne 1 corn muffin 1 tsp. margarine 3 vegetable sticks	Tuna sandwich (1/3 cup tuna with 2 tsp. mayonnaise on 1-2 slices bread) 1/2 cup milk 1 pineapple slice
SNACK	2-4 rye wafers 1 tbsp. peanut butter 3/4 cup milk	1/2 cup vanilla pudding with 1/2 banana, sliced water	2 tbsp. peanut butter on celery sticks 1/2 cup milk	1/2 cup lemon yogurt 2 graham crackers water	1/4 cup cottage cheese 2 graham crackers 1/2 cup milk
DINNER	1 cup vegetable or noodle soup 1 piece (1/8 pie) spinach quiche 6-12 seedless grapes 3/4 cup milk	2 oz. chicken 1/4-1/2 baked potato 1 broccoli stalk 1 tsp. margarine 1 bread stick 3/4 cup milk	2 oz. meatloaf 1/4 cup peas 1/4 cup squash 1/2 cup enriched noodles 1 tsp. margarine 3/4 cup milk	2 oz. baked fish 1/2 cup green beans 1 slice Italian bread 1 tsp. margarine lettuce and tomato salad with dressing 3/4 cup milk	1/2 cup beef stew with vegetables 1 small roll 1 tsp. margarine 3/4 cup milk 2 dried apricot halves

FOOD FACTS

- Introduce them one at a time.

- Serve the new food with familiar food.

- Talk about the new food.

- Let the children see you eat and enjoy it.

- Encourage children to taste the new food. If rejected, accept the refusal and try again in a few weeks.

- Find out what is not liked about the new food. Often the food will be accepted if prepared in another way.

Avoid Harmful Foods

- Encourage eating habits which are consistent with good dental health. Limit sugar and sugar-containing foods and beverages. Offer foods that stimulate gums such as raw, crisp fruits and vegetables.

- Avoid serving foods with excess sodium, cholesterol, fats and sugar. Doing so wlll help a child establish healthy eating practices for life.

Food As Reward or Punishment

- Avoid using food for reasons other than to satisfy hunger.

- By refusing to give children dessert until they finish their meals you have implied that dessert is the best part.

- Do use positive encouragement. Use hugs, smiles or praise instead of food.

- Using foods as positive reinforcement places undue emphasis on certain foods.

Food Safety

- Do not serve nuts, popcorn, whole grapes, or chunks of hot dog to children under three. A child can easily choke on these foods.

- Honey should not be fed, in any form, to infants under one year of age. Honey has been found to cause botulism in infants.

- At least one staff member should know how to dislodge food caught in a child's throat (to administer a modified Heimlich maneauver). It is common for children learning to eat finger foods to choke on an oversize piece. Immediate attention is required.

Food and Exercise

- Active children need more calories, thus they have a better chance of getting required nutrients.

- Adequate physical exercise is essential.

NUTRITION

ACTIVITY TWO -- Developmental Issues

Concept:

Eating time provides more than only physical nutrition. It provides the opportunity for children to learn, to socialize, and to develop healthy attitudes toward food and eating.

Approximate Time Needed:

60 Minutes.

Materials Needed:

One copy of each of the *Concept Cards:*	Learning Socializing Developing Positive Attitudes Towards Eating
Handout for each participant:	Family-Style Eating

Process:

1. Introduce this activity by pointing out that eating time in day care is more than merely providing for the physical needs of the children. Post the appropriate concept cards as you point out that eating is also a time for:

   - learning
   - socializing
   - developing good attitudes toward food and eating

2. Divide participants into groups of 4-5. Instruct each group to brainstorm for 4-5 minutes on each of these topics. Have them jot down ways in which each of these things happen and what they can do to facilitate them. Allow 4 minutes for the first topic and then instruct the groups to go on to the second topic. After another 4-5 minutes, instruct the groups to discuss the last topic.

3. Lead a general discussion by asking volunteers to reiterate their main points regarding each topic. Ask for any further comments. Highlight the following:

   LEARNING

   - Food can be used to teach a whole range of topics such as number concepts, measurements, and quantity by buying, preparing and serving food.

   - By introducing foods from different countries, cultures and climates, children can gain an appreciation of their own and other ethnic heritages.

   - Science concepts can be learned by showing children how things grow, how food nurtures growth and development, how our senses enjoy foods.

   - Language can be developed as children prepare and eat foods and have the opportunity to learn new concepts.

   SOCIALIZING

   - Eating times can be used to help children develop the following social skills: table manners, beginning conversation skills, sharing, cooperation.

ATTITUDES

- If meal times are set up with a pleasant environment, in a relaxed manner, children can learn to associate pleasure with eating.
- By offering a variety of foods, children learn to enjoy the range of nutritional foods.
- By avoiding using dessert and other sweets as reward for eating the rest of the meal, children are developing the attitude that all food tastes good, not just sweets.
- By avoiding using food other than to satisfy hunger (using it as a reward, for example), food will be enjoyed for itself.

4. Summarize with a brief discussion of the merits of family-style eating. Distribute the handout, Family-Style Eating, and explain that many of the objectives discussed regarding developing attitudes, socialization, and learning can be met by having a family-style eating arrangement. Read the points together with the participants.

5. Conclude by indicating that this activity has merely scratched the surface of what can be done with meal time. Suggest that teachers consciously develop and incorporate nutrition activities such as the following as a regular part of their program:

- Simple meal preparation with the children.
- Having children help set and clear the table.
- Simple discussions of table manners.
- Introduction of ethnic foods and information about the people who use them.
- Introducing measuring in preparing and buying food. Using books and play activities that reinforce nutrition concepts.

LEARNING

NUTRITION, *ACTIVITY TWO*

SOCIALIZING

DEVELOPING POSITIVE ATTITUDES TOWARDS EATING

FAMILY-STYLE EATING

BEFORE THE MEAL

1. Attractive arrangement, child-sized furniture, plates, cups, utensils, pitchers.
2. Tables far enough apart to permit walking between them and quiet conversation to take place.
3. Five to six children with one adult at each table.
4. "Helpers" set the table for all children and adults: use a model place setting glued to poster board which can be moved around the table to assist children in setting the table themselves with ease and success.
5. Children prepared in a relaxed atmosphere (quiet activity, toileting and handwashing in small groups -- return to quiet activity after handwashing).
6. All sit when tables are set.

DURING THE MEAL

1. Children and adults begin serving as soon as they are seated. Adults should sit with the children.
2. Leisurely meal-time pace.
3. Children serve themselves, including pouring milk, juice, etc.
4. All foods served contribute to the child's needs, including dessert; therefore, nutritious desserts are encouraged to be served WITH the meal (e.g., fresh fruits, fruit juice gelatin, blueberry muffins, cornbread, etc.).
5. Children use utensils properly.
6. Adults eat the same foods as those served to the children (unless religious or medical reasons warrant a different menu).
7. Conversation encouraged!!
8. Child can refuse food, but all are encouraged to taste everything.

CHILDREN WITH SPECIAL NEEDS

Introduction

Children with a wide range of special needs can be successfully cared for in day care settings if staff have sufficient information and preparation regarding the child's needs. In addition, staff must have a positive attitude towards children with special needs. When children with special needs are enrolled in a center, adaptations in teaching techniques, equipment, and routines may be needed to facilitate the child's active participation in the center. *Activity One* focuses on various handicapping conditions and participants' attitudes toward children with these conditions. *Activity Two* is designed to explore teaching strategies to incorporate children with special needs into day care settings.

Read Chapter 13, **Children with Special Needs**, before conducting these activities.

ACTIVITY ONE -- Staff Attitudes

Concept:

Our fears and preferences regarding special needs children are often a result of the presence or absence of early experiences with handicapped individuals.

Approximate Time Needed:

60 Minutes.

Materials Needed:

Handouts for each participant: Worksheet
Handicapping Conditions

Process:

1. Begin this activity by informing participants that they will be discussing children with special needs.

2. Divide participants into groups of 4-5 and distribute the handout, Worksheet, to each person. Ask them to read the instructions and complete the worksheet.

3. Allow approximately 5 minutes and then ask the groups to discuss the 2 questions.

4. Allow approximately 5-10 minutes for small group discussions.

5. Conduct a brief large group discussion by asking for some reactions to the activity. *Point out:*

   - Many of our fears about special needs stem from our lack of experience with the specials needs -- a fear of the unknown.
   - Often we feel most comfortable after we've had experience with a handicapping condition.
   - It is normal to experience some anxiety/apprehension when we begin working with a special needs child. Having appropriate resources--professionals and parents--can help relieve those fears. Experience, however, will be the best cure.

6. Summarize this activity by distributing the handout, Handicapping Conditions. Review each category and every resource for further information.

7. Indicate that serving a child with any of these conditions will necessitate that there are resources for the staff to rely on for help.

   - Ask participants who they might use as a resource and where they might find these resources. List suggestions as they are given. Be sure the following are included:

PARENTS--they have vast amounts of information amassed during the years prior to their child's coming to the center. Since each child's symptoms are different, it is important to get information about the individual child from the parent.

PHYSICIANS--the child's physician can be of help. If he/she is not available, the physician who the center relies on for help may be able to provide information.

THERAPISTS--if the child is receiving therapy (speech, physical), the therapist may provide help in demonstrating correct activities, positions, etc.

ASSOCIATIONS--most handicapping conditions have a national and local association which can provide information in the specific handicapping condition. Consult the Manual for a list.

GENERAL AND PROGRAMMATIC INFORMATION--from books at the library or other resources. A particularly good source for general information, as well as for help at the day care is the U.S. Department of Health and Human Services Series, Mainstreaming Preschoolers Series.

WORKSHEET*

Below are descriptions of new children to be enrolled in your program. Rank the children in order of preference for having them in your classroom.

___ Willie is a friendly, active child who learned to read at age 3. In spite of his advanced intellectual ability, he does not get along well with other children and requires constant supervision. Last year, he injured another child to the extent that the child needed stitches.

___ Sammy is in his first year at the center. He was referred by a local pediatrician who diagnosed him as having moderate mental retardation. He is enthusiastic about coming to school where he particularly enjoys the housekeeping center.

___ Michelle is an energetic girl who enjoys art activities. She has been deaf since birth and has not yet developed a way of communicating. Her new hearing aid often frustrates her.

___ Jason's delightful personality makes him a favorite among his peers. He is a leader in the classroom and an excellent model for the other children. Because of this visual impairment, he is often unable to participate in group learning activities and requires one-on-one instruction.

___ Joey is friendly and active and wants to learn to play ball. He has leg braces and crutches and sometimes uses a wheelchair. Paralyzed from the waist down, he needs help with his urine bag and is on a regular eating program for bowel management.

___ Cindy is a child with cerebral palsy. She also has epilepsy and experiences grand mal seizures approximately once a month. Recent medication appears to be decreasing the frequency of the seizures.

___ Shonda is an attractive child who is normal in most every way. She is in the early stages of a disease known as cystic fibrosis. Because her body does not digest food properly, she will be on special diets and medication all of her life. She will also have respiratory problems and needs regular physical therapy. Though there is hope for a cure, the disease could shorten her life considerably.

What influenced your decision?

When comparing your choices with those of other participants, what did you discover?

**Taken from:* *New Friends--Mainstreaming Activities to Help Young Children Understand and Accept Individuals with Differences*, *Chapel Hill Training Antioch Project, 1983.*

HANDICAPPING CONDITIONS

Mentally Retarded

One who shows significant sub-average intellectual functioning combined with impairment in adaptive behavior -- who will have difficulty both in schoolwork and in everyday living.

Deaf, Hearing Impaired

One whose hearing is extremely defective and therefore essentially useless for everyday life or one who has slightly to severely defective hearing or a specific hearing loss.

Blind, Visually Impaired

One who is sightless or has very limited vision and must depend on hearing and touch as the chief means of learning; one who is considered legally blind by the state; or one who has very limited vision even with corrective lenses.

Serious Emotional Disturbance

One who is identified by a psychologist or psychiatrist as requiring special services because of dangerous aggressiveness, severe withdrawal, severe anxiety or depressions, etc.

Physical (Orthopedic) Handicap

One who has a condition which impairs normal development of muscle activities (For example, one who has spina bifida, cerebral palsy, or loss of limbs).

Specific Learning Disability

One who has a disorder in understanding or using spoken or written language (that is, one who has perceptual handicaps, brain injury, dyslexia).

Speech and Language Impairment

One whose speech is impaired by receptive and/or expressive language impairment, stuttering, or serious articulation problems.

Other Health Impairment

One who has a chronic health condition (such as epilepsy, hemophilia, severe cardiac conditions, diabetes).

Multihandicapped

One who has, in addition to the most severe handicapping condition, one or more other conditions.

ACTIVITY TWO -- Teaching Adaptations*

Concepts:

- Adaptation of materials and equipment may be necessary in order to allow successful participation of a child with special needs.
- Staff need to be sensitive to facilitating the development of feelings of competency in the child with special needs .
- Staff need to help other children accept a peer with a special need.
- Staff need to avoid overprotecting a child with special needs.
- Staff need to work as a team to ensure the successful integration of the child with special needs.

Approximate Time Needed:

90 Minutes.

Materials Needed:

One copy of each of the following *Concept Cards* arranged in the following order:

Adapting for Success
Promoting Peer Acceptance
Avoiding Overprotection
Developing Feelings of Competency
Strengthening Teamwork

One copy of a different *Situation Card* for each group. There are six (6) different cards.

Process:

1. Introduce the activity by identifying that the purpose of the session is to examine key principles in choosing and using techniques for mainstreaming.
2. Divide participants into six small groups of equal size and give one *Situation Card* to each group.
3. Ask each small group to choose someone who will read the card aloud to the rest of the group, and when the group has finished, select someone who will share the task and their conclusions with the whole group.
4. Observe and assist small groups as needed. Allow at least ten minutes for task completion.
5. When the small groups have completed their task, begin with small group one *("Ping" Situation Card).*
   - Ask a member of the small group to read the situation aloud and share the conclusions reached by the group.
   - After the reporter has finished, ask if the small group has any additional comments.

** This activity was taken from: Rothschild, J., Kjerland, L. and Heller, D. Mainstreaming in Head Start, Training Activities and Strategies. New York: New York University.*

- Permit members of other groups to raise questions, make suggestions, and discuss larger issues related to the situation.
- Refer to DISCUSSION TECHNIQUES in this section. You may want to suggest some of the "Possible Solutions" offered for the group's analysis. This list of solutions is by no means complete.
- Ask participants the "Questions to Elicit the Key Concept" from the DISCUSSION TECHNIQUES and shift the group discussion so that the key concept evolves. Post the appropriate key concept card when the concept has been identified.

6. Continue with the above steps for each of the remaining small groups.
7. Summarize the activity by referring to and posting each of the 5 key concept cards and stating the key concept they represent. See below.

Key Concept	Summary Statement
"Adapting for Success"	For Ping, materials and equipment were adapted for greater participation. For Sarah, routines and activities were adapted for more successful participation.
"Promoting Peer Acceptance"	For Juan's peers, as with all children, learning the "how" and "why" of special needs helps to facilitate peer interaction by eliminating misunderstandings and diminishing fears.
"Avoiding Overprotection"	Jo needs more, not fewer, opportunities to learn how to get along with others. Overprotection denies him these opportunities.
"Develop Feelings of Competency"	For Latrece, self-confidence emerged as staff slowly and steadily increased her abilities to join activities and drew on community resources to learn more techniques.
"Strengthening Teamwork"	Klava's entry into the program will be successful because the teacher prepares, leads, and supports appropriate staff behavior.

DISCUSSION TECHNIQUES
Choosing and Using Teaching Techniques

1. "Ping" a. Possible Solutions:

1) Put a water tub on a higher table so the wheelchair can go under it; place this table next to the other water table so other children use both and work side by side.

2) Raise the height of the water table a few inches; if needed, place boards or mats on 2 or 3 sides of floor area for shorter children to be able to reach.

3) Consult a physical therapist for position alternative if Ping is substantially limited in balance and movement abilities.

4) Devise a tray that slides on the chair arms which is large enough for Ping and another child.

b. Question to Elicit Key Concept: Why is it more important that staff devise a plan that permits Ping to work directly with other children than simply devise a tray just for Ping?

c. Key Concept: Modification of equipment and materials is vital in providing children the means to participate socially as much as possible.

2. "Sarah" a. Possible Solutions:

1) Plan songs with actions and riddles to name, show pictures of objects for children to locate out the windows, etc.; prepare Sarah in advance and praise her efforts along the way.

2) Seat Sarah with an adult who understands her needs for movement and activity; plan intriguing stories, conversations, finger plays, favorite books, etc.

3) Plan one or two short stops along the way to city/country sights.

b. Question to Elicit Key Concepts: Why do teachers in this situation feel frustration?

c. Key Concepts: Growth and improvement take time and are inspired by a series of successes in a particular setting.

Modification of schedules and routines is vital in providing successful learning experiences for children who have difficulty controlling their own behavior.

3. "Latrece" a. Possible Solutions:

1) Plan daily experiences to build her self-confidence and trust (e.g., introduce her to sand play area boundaries; plan for an adult and another child to join in her sand play).

2) Teach beginning motor activities by letting Latrece feel another's body move or having someone help her move her body through the motions of an activity.

3) Draw on community resources to learn about using sound and tactile cues to increase her independence in reaching and using equipment or materials.

b. Question to Elicit Key Concept: What might be holding Latrece back the most?

117

c. Key Concept: Children gain confidence only after they have experienced much success.

4. "Klava" a. Possible Solutions:

1) Contact the parent and a nurse who knows Klava to work with the whole staff to explain Klava's health needs, when to take emergency action, how to observe problems, and how to manage any daily needs.

2) Prepare an emergency plan in advance and make it available to all staff (list phone numbers and procedures to follow). Suggest they rehearse. Plan for health staff to periodically review health procedures.

3) Review the publication "Mainstreaming Preschoolers" Children with Health Impairments'.

4) Help staff come to realize that the health impairment is only one part of what makes Klava Klava.

b. Question to Elicit Key Concept: Are children ever aware of tensions between staff members? What is teamwork from the child's perspective?

c. Key Concept: Staff have a responsibility to communicate and plan with one another. When staff set goals for children and reinforce each other's efforts, children benefit from the consistency and positive atmosphere created by teamwork.

5. "Jo" a. Possible Solutions:

1) Recognize the need to set limits -- e.g. Jo gets his turn after alternating turns with another child.

2) Prepare an emergency plan in advance and make it available to all staff (list phone numbers and procedures to follow). Suggest they rehearse. Plan for health staff to periodically review health procedures.

3) Review the publication "Mainstreaming Preschoolers: Children with Health Impairments".

b. Question to Elicit Key Concept: What might be the volunteer's expectations of the child's ability to learn?

c. Key Concept: Overprotection limits the child's opportunity to learn how to cope and get along with others.

6. "Juan" a. Possible Solutions:

1) Plan daily experiences to build her self-confidence and trust (e.g., introduce her to sand play area boundaries; plan for an adult and another child to join in her sand play).

b. Questions to Elicit Key Concepts: What is the missing concept for Juan's peers? What is the real source of the problem?

c. Key Concepts: Promote understanding by peers of the child's impairment by helping them learn what the impairment is; that some things are difficult for some people; and that we all have differences.

CHILDREN WITH SPECIAL NEEDS. *ACTIVITY TWO*

ADAPTING
FOR
SUCCESS

CHILDREN WITH SPECIAL NEEDS. *ACTIVITY TWO*

PROMOTING
PEER
ACCEPTANCE

AVOIDING
OVERPROTECTION

DEVELOPING FEELINGS OF COMPETENCY

STRENGTHENING

TEAMWORK

CHILDREN WITH SPECIAL NEEDS, *ACTIVITY TWO*

SITUATION CARD ONE

Ping loves water play but her wheelchair arm supports are 4 inches too high to go under the water table and make it impossible to reach the water. What could you do?

CHILDREN WITH SPECIAL NEEDS, *ACTIVITY TWO*

SITUATION CARD TWO

Sarah has difficulty focusing her attention for very long and is easily overexcited. It is very difficult for her to be confined to one sort of activity for very long. Next week the class is taking a one hour bus ride to the zoo. How could you make this bus ride enjoyable and successful for Sarah?

CHILDREN WITH SPECIAL NEEDS, *ACTIVITY TWO*

SITUATION CARD THREE

Latrece has limited vision. Since she enrolled several months ago, Latrece has preferred to stand close to the teachers and is reluctant to move into the more active play of the children when on the playground. What do you do?

CHILDREN WITH SPECIAL NEEDS, *ACTIVITY TWO*

SITUATION CARD FOUR

Klava, who has cystic fibrosis, will be starting at the center in two weeks. The teacher's assistant is very anxious about having a child with cystic fibrosis and is afraid of the day when the teacher may be absent and she will be in charge. She knows that children with cystic fibrosis have medical problems. What could you as a teacher do to relieve her anxieties?

SITUATION CARD FIVE

Jo is four years old, but in many ways he is like a two-year-old. His overall rate of learning is slow. On the playground Jo loves the slide. When he wants a turn he looks up to Mr. Lane, a regular volunteer, who always puts him ahead of the others. At the end of the day, the teacher meets with Mr. Lane to discuss plans for the next day. She mentions that she observed him putting Jo ahead of the others several times. He comments, "Yes, he's so slow. I feel sorry for him. I want him to have fun." What is Mr. Lane overlooking? As the teacher how would you handle this?

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SITUATION CARD SIX

Juan has a hearing loss. Unless Juan looks at the person speaking, he is not aware that someone is talking to him. Some children often get frustrated, thinking he is ignoring them and consequently do not choose him for play. What do you do?

CHILD ABUSE & NEGLECT

Introduction

Child abuse and neglect is a difficult subject with many misconceptions surrounding it. The identification, treatment, and prevention of child abuse and neglect are complex. The activities in this section focus on only a few aspects of the problem. *Activity One* provides participants with an opportunity to discuss some of the misconceptions surrounding the topic. In addition, participants analyze several typical child abuse and neglect situations and discuss appropriate steps to take. *Activity Two* is designed to provide participants with specific information regarding local abuse and neglect reporting procedures. Since these procedures vary among different locales, it is recommended that the trainer of this activity work with a representative from the local agency mandated to receive reports of suspected child abuse and neglect. These agencies are usually departments of social services, human resources, or public welfare. A special unit, Child Protective Services, may be maintained by the social services department for this purpose. A representative from the local agencies can either conduct *Activity Two*, provide the trainer with the necessary information prior to the training, or conduct the activity in conjunction with the day care trainer.

Read Chapter 14, Child Abuse and Neglect, in your manual before conducting these activities. Consult the resource list for comprehensive guides on the subject for additional information and training activities.

*ACTIVITY ONE -- General Considerations**

Concepts:

Most people have limited knowledge about child abuse and neglect. Child abuse and neglect is an emotionally charged subject which sometimes prevents day care personnel from responding appropriately to a given situation.

Day care personnel need a basic understanding of how to approach children, parents, and local authorities regarding possible child abuse and neglect cases.

Approximate Time Needed:

60 Minutes.

Materials Needed:

One *Situation Card* for each small group. There are three different *Situation Cards.*

Handouts for each participant:	Child Abuse and Neglect Questionnaire Child Abuse and Neglect Interview Guidelines Indicators of Physical Abuse

Process:

1. Introduce this activity by explaining that the subject of child abuse and neglect is difficult and emotionally charged.

2. Distribute a copy of the Child Abuse and Neglect Questionnaire to each participant and direct them to answer each question.

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*This activity was taken from: Resource Access Project Network, Preventing Maltreatment of Children with Handicaps.

3. Allow time to complete the questionnaire and then discuss each question stressing the following points.

   QUESTION 1: (FALSE) The profile of the child abuser often includes one or more of the following:

   - Unfulfilled needs for nurturance and dependence.
   - Fear of relationships.
   - Lack of support systems.
   - Marital problems.
   - Life crises.
   - Inability to care for or protect a child.
   - Lack of nurturing child-rearing practices.

   The abuser rarely has a diagnosed mental illness.

   QUESTION 2: (TRUE) Although it is difficult to determine precisely the extent of child abuse and neglect, it is estimated there are at least one million children who are abused each year. In addition, 2,000 to 5, 000 die each year as a direct result of child abuse.

   QUESTION 3: (FALSE) Most parents who abuse or neglect their children do love them. In addition, they do not want their children separated from themselves. However, because of the stressors in their own life, they become overwhelmed and strike out against their child. They often experience remorse over their uncontrolled behavior.

   QUESTION 4: (FALSE) It is usually a combination of personal and social stressors that results in the parent's feeling overwhelmed and abusive.

   QUESTION 5: (TRUE) Everyone has the the capacity to strike out in anger, fear, pain or frustration and this defines all of us as potential child abusers. Yet most people are able to control these violent impulses.

   QUESTION 6: (FALSE) Neglect does not usually result simply from economic problems. Usually, neglectful parents are also reacting to multiple stressors in their life. One of those stressors may be economic hardship. Since abuse and neglect are found in families with a wide range of incomes, it is impossible to say that poverty causes abuse or neglect.

   QUESTION 7: (FALSE) The optimal solution to a family where abuse or neglect has occurred is to rehabilitate the family. This is accomplished most successfully by reducing stress within families by providing the parents with the support they need to adequately care for their children. Removing the child from the family should be the goal only in cases where the child's health and welfare is in grave danger if allowed to remain in the family.

   QUESTION 8: (FALSE) In most cases, a pattern of abusive behavior is observed in individuals. This behavior is usually a repeated rather than an isolated event.

4. Summarize by emphasizing that this emotionally laden topic often carries misconceptions with it. It is important for day care staff to be knowledgeable about both the incidence of child abuse and characteristics of the child abuser.

5. Divide participants into groups of 4-5 and give each group one of the three *Situation Cards.*

6. Allow time for discussion of the situations (25-30 minutes). Ask for a volunteer to read *Situation One* and share the results of the small group discussion. Stress the following points:

   - Marcia should be examined to see if there are physical indicators of abuse. Distribute the handout, Indicators of Abuse, and review the items.

   - Marcia will need to be asked how she received the bruises. Distribute the handout, Child Abuse and Neglect Interview Guidelines, and discuss those pertaining to interviewing the child.

  - If there are indicators, day care staff are required to report the case to the appropriate agency. *Activity Two* will focus on the procedures for reporting.

  - It is important, in almost all instances, to also talk with the parent, informing them that you are required to report the incidence. Only in cases where you suspect that the child might be hurt further should you refrain from talking with the parents. The discussion with the family should be within the context of wanting to help the family to avoid the situation again. Again refer to the handout, Child Abuse and Neglect Interview Guidelines.

7. Ask for a volunteer to read *Situation Two* and share the results of the small group discussion. Stress the following points:

   - The children should be observed the next day for indications of retaliation by the father. If they appear happy and relaxed, it can be presumed the father was probably not unduly harsh with them. In addition, the children should be watched carefully during the following weeks to assess whether their behavior continues.

   - The father should not be treated in a demeaning way. Rather, he should be encouraged to continue his interest in and help with the program. A social worker may be able to talk with the father to assess whether the lack of food resulted from limited economic resources. If so, needed services should be secured.

   - If the situation appears to continue or if the children begin to show other signs of abuse or neglect, the father should again be directly confronted and a report made to the appropriate sources.

8. Ask for a volunteer to read *Situation Three* and share the results of the small group discussion. Stress the following points:

   - John should definitely report the facts to the center director in a concerned rather than accusatory fashion.

   - The center director should realize that a child with a handicapping condition requires extra assistance and help from both parents and teachers. The child's extra needs may prove to be too demanding for a given teacher. In addition, some individuals, including teachers, find a handicapping condition particulary distasteful. It may, therefore, be necessary for the center director to reevaluate whether this child should be in Margaret's room.

   - If no changes in classrooms are made, it will be necessary for the center director to take action with Margaret. This may include extensive observation of Margaret with all of her children with particular emphasis on her interactions with Timmy.

   - It is now becoming more customary in hiring new day care staff to require a police clearance to assure that no prior abuse charges have been filed against a potential employee. In addition, however, directors need to closely supervise new staff to assess the quality of their work with the children. This supervision is particularly important during the early probationary period for new staff.

9. Conclude this activity by stressing the importance of knowing behavioral and physical indicators of child abuse and neglect. Refer to the Indicators of Physical Abuse again.

CHILD ABUSE AND NEGLECT, *ACTIVITY ONE*

SITUATION CARD ONE

Marcia has always been attentive and enthusiastic in her day care program. While she has a slight hearing impairment, it is corrected with a hearing aid, and she has always participated in activities with other children. Lately, however, she has begun to get into verbal and physical arguments with others. She also has started to talk back to the teacher and the bus driver has trouble with her fighting on the bus.

Today, as the children were sitting in a circle on the floor learning a new song, Marcia refused to sit. Her teacher, reaching a point of frustration with Marcia, led Marcia into another room to talk with her. She still refused to sit, saying that she "didn't have to" and that ""singing is stupid." The teacher, leading Marcia by the hand, returned to the circle and told her that she must sit on the floor with the other children or the teacher would have to talk to Marcia's parents about her behavior.

Marcia became very quiet and slowly began to sit down. Before she reached the floor, however, she started crying. "I can't sit down It hurts! It hurts!" she said. The teacher assumed that she was merely putting on an act and ignored her. After singing, Marcia had difficulty standing up, repeating that it hurt her "bottom".

1. *How would you deal with the child at this point?*
2. *How would you deal with the parents?*
3. *Would you report this situation as child abuse?*

• •

CHILD ABUSE AND NEGLECT, *ACTIVITY ONE*

SITUATION CARD TWO

Margaret, center cook, always prided herself on her good planning and good food. She enjoyed working in the day care program and she was glad when the children liked what she prepared. Lately, however, she had begun to be concerned because, every day one or two children would complain that they "didn't get enough to eat". She knew that she had planned carefully and she always made sure that there was a sufficient portion for each of the children. She just couldn't understand how this was happening, and asked the other staff members if they knew what was going on. None of them did, but they said they would watch while the children were eating. They thought that maybe one of the children was overeating or, perhaps, hoarding food.

Staff members kept an eye on the children while they ate and quickly discovered that two children, Kenny and his sister, Kathy, were slipping food into their pockets while they thought no one was watching. It never had occurred to anyone in the center that Kenny and Kathy were hungry or that they weren't getting enough food at home. They knew that Kenny and Kathy lived with their father. He often volunteered in the center when help was needed, and expressed interest and concern about Kenny and Kathy in the classroom.

The cook talked with the center director about the situation, hoping that he would know what to do. He decided that he needed to talk with Kenny and Kathy about it. They admitted taking the food, but denied that it was because they were hungry or that they didn't get enough to eat at home. All they would say was, "It's for a friend of ours". They refused to name their friend. The director began to suspect that their father might be neglecting them.

He decided that he needed to talk with their father. Kenny and Kathy's father expressed surprise about their taking food, but seemed a little nervous talking about it. He said that he always made sure that they had enough to eat and that he couldn't understand it. He said that he would handle disciplining the children that night.

1. *What would you do about the children next?*
2. *How would you deal with the father in the future?*
3. *Would you report this situation?*

SITUATION CARD THREE

John has been a teacher's aide in the day care program for only a few months, working with Margaret, a teacher with five years of experience. While John doesn't feel that he has enough background to be sure, he has begun to have some concerns about the ways in which Margaret treats some of the children.

Yesterday, for example, Timmy, who has cerebral palsy, needed help to go to the bathroom. This usually has been one of John's responsibilities, but he was with some of the children on the playground. He watched as Margaret, who has made it clear that she dislikes this task, was very rough with Timmy as she helped him back into the school. When they returned to the playground, Timmy appeared to have been crying.

Later in the day, Timmy interrupted Margaret during story time. Margaret stopped reading, and said, "Timmy, I've told you time and time again not to interrupt others! I guess you just haven't learned, have you?". She then grabbed him and took him into the classroom next door. John could hear her talking very loudly, but couldn't understand what she was saying to Timmy. He also thought he heard Timmy cry out. Margaret returned to the classroom and said, "Timmy will stay in the other room until he learns not to interrupt."

John was concerned about leaving Timmy alone and he had a feeling that Margaret had hit or slapped him, but he didn't say anything about this to her. At home that night, John wondered if he should say something to the center director about what he had seen and heard.

1. What should John do next?

2. What should the center director do?

3. What can program directors do to minimize hiring staff who are potential abusers?

CHILD ABUSE & NEGLECT QUESTIONNAIRE

T **F**

1. __ __ Most people who abuse children could be considered mentally ill.

2. __ __ There are more than 1,000,000 children who are abused or neglected in the United States every year.

3. __ __ Most abusers do not want or love their children.

4. __ __ It is usually possible to pinpoint one factor which leads a parent to child abuse.

5. __ __ All of us are capable of being abusive.

6. __ __ Neglect only occurs as a result of economic problems in a family.

7. __ __ Once abuse occurs in a family, the only thing that can be done to protect a child is to remove him/her.

8. __ __ In most cases, we can trace a parent's abusive behavior to just one incident.

INDICATORS OF PHYSICAL ABUSE

The child shows evidence of repeated injuries.

There are signs of new injuries before old injuries have healed (skin abrasions, fractures, etc.)

The history is not consistent with injuries.

If the child states she was injured in a way that is inconsistent with the type of injury (falling on the playground and bruises or welts on the legs or arms or buttocks).

The child complains of abdominal pains.

Internal injuries have developed as a result of punching, kicking or hitting the child in the midsection.

The child has unexplained injuries.

The child refuses to state how the injury occurred, or offers several contradictory explanations of the origin of the injury.

The injuries are bilateral and appear clustered on the child's body.

The injuries of physically abused children usually appear on both sides of the body (both sides of the back or buttocks, both legs or arms, etc.) and are clustered around a particular body area. A child who is repeatedly spanked on the buttocks will show evidence of bruises on both sides without evidence of trauma to other bodily areas. Explanations of the injury which suggest the child fell down would be inconsistent with the type of injury.

The child shows evidence of bruises, welts, and scars.

- On the face, lips or mouth.
- On the large areas of the torso, back, buttocks or thighs.
- On both sides of the body.
- In unusual or clustered patterns.
- Reflective of an instrument used to inflict the injury (rope, paddle, coat hanger, stick, etc.)

The child shows evidence of burns.

- Circular burns separately or in a series received from cigars or cigarettes usually inflicted on:

  -- the palms of the hands
  -- the soles of the feet
  -- the arms
  -- scalp.

- Dunking burns indicative of immersion in hot liquid. Such burns usually have a clear line of immersion which differentiates abuse from accidental injuries. Areas commonly traumatized are:

  -- the hands up to the wrist (glovelike in appearance)
  -- the feet just above the ankles (socklike in appearance)
  -- the buttocks and genital areas.

131

CHILD ABUSE & NEGLECT INTERVIEW GUIDELINES*

When Talking with the Child

DO:

-- Make sure the interviewer is someone the child trusts.
-- Conduct the interview in private.
-- Sit next to the child, not across a table or desk.
-- Tell the child that the interview is confidential.
-- Conduct the interview in language the child understands.
-- Ask the child to clarify words/terms which are not understood.
-- Tell the child if any future action will be required.

DON'T:

-- Allow the child to feel "in trouble" or "at fault".
-- Disparage or criticize the child's choice of words or language.
-- Suggest answers to the child.
-- Probe or press for answers the child is unwilling to give.
-- Display horror, shock, or disapproval of parents, child, or the situation.
-- Force the child to remove clothing.
-- Conduct the interview with a group of interviewers.
-- Leave the child alone with a stranger (e.g., a CPS worker).

When Talking with the Parents

DO:

-- Select interviewer(s) appropriate to the situation.
-- Conduct the interview in private.
-- Tell the parent(s) why the interview is taking place.
-- Reassure the parent(s) of the support of the school.
-- Tell the parent(s) if a report has been made or will be made.
-- Advise the parent(s) of the school's legal responsibilities to report.

DON'T:

-- Try to "prove" abuse or neglect by accusations or demands.
-- Display horror, anger, or disapproval of parent(s), child or situation.
-- Pry into family matters unrelated to the specific situation.
-- Place blame or make judgements about the parent(s) or child.

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*Taken from U.S. Department of Health and Human Services, National Center on Abuse and Neglect, The Educator's Role in the Prevention and Treatment of Child Abuse and Neglect, 1984.

CHILD ABUSE AND NEGLECT

ACTIVITY TWO -- Reporting Procedures

Introduction:

This activity is designed to provide participants with information on the specific child abuse and neglect reporting procedures in the local community. As a result, it is necessary for the trainer to have copies (one for each small group) of the state child abuse and neglect law. It is also necessary to have the specific information regarding the "who, what, when, where and how" of reporting. This can be attained through staff of the agency that is mandated to receive reports of suspected child abuse and neglect. It may be helpful to either meet with these staff prior to the workshop or to have them conduct part or all of this activity.

Concepts:

Each local community has its own procedures for reporting instances of child abuse or neglect.

Every center should have written policies on child abuse and neglect.

Day care staff should be familiar with the procedures for reporting suspected child abuse and neglect.

Approximate Time Needed:

60 Minutes.

Materials Needed:

One copy of the state law on child abuse and neglect for each small group. Trainer is responsible for obtaining a copy of the law.

Handout for each participant: Child Abuse and Neglect Reporting Guide

Process:

1. Introduce this activity by stressing the importance of reporting suspected cases of child abuse and neglect. The purpose of this activity is to document the procedures used within the local community.

2. Divide participants into groups of 4-5 and give each group a copy of the state law and each participant a copy of the handout, Child Abuse and Neglect Reporting Guidelines.

3. Instruct participants to review the relevant sections of the state law and discuss each item on the handout, then compose an answer to each item.

4. Allow time for participants to complete their handout and then begin a discussion by reviewing each item on the handout and clarifying with the help of either the Resource Person or the information provided by an agency contacted. Include:

    - who must report
    - reporting immunity/liability
    - definition of child abuse and neglect
    - when to report
    - where the report goes
    - how to report

5. Conclude this activity by stressing the responsibility day care personnel have of reporting suspected cases of child abuse and neglect. Suggest that the handout completed during this activity be typed and used as a guideline for reporting actual cases.

CHILD ABUSE AND NEGLECT REPORTING GUIDE*

WHO MUST REPORT

According to laws in this state, persons required to report suspected child abuse and neglect include: ____
____

REPORTING-IMMUNITY/LIABILITY

Persons in this state who report suspected child abuse and neglect in good faith are immune from civil liability and/or criminal penalty.
Persons who suspect child abuse and neglect but do not report are subject to:
____ No penalty
____ A penalty up to ____.

DEFINITION OF CHILD ABUSE AND NEGLECT

According to laws in this state, reportable child abuse and neglect is defined as: ____________________
____
____

WHEN TO REPORT

1. An oral report __is/__is not required. If an oral report is required, it must be made to the responsible agency within ____ hours.
2. A written report __is/__is not required. If a written report is required, it must be made to the responsible agency within ____ hours.
3. Special requirements:
   If the school or district has special reporting requirements, a ______________________(type of report) must be made to ______________________ (name/position of person) within ___ hours.

WHERE THE REPORT GOES

For this school, reports on suspected child abuse and neglect are made to: ______________________
______________________; telephone number______________________________; address_____
____.

WHAT TO REPORT

The following information must be provided to: ____.
name of person/position

____
telephone number and/or address

Child's Name:____Age:______________

Address:____

Parent's (s') Name (s):____

Address:____

Taken from: U.S. Department of Health and Human Services, National Center on Abuse and Neglect, The Educator's Role in the Prevention and Treatment of Child Abuse and Neglect, 1984.

CHILD ABUSE AND NEGLECT REPORTING GUIDE (CONT'D)

Physical indicators observed: ______________________________

____

____

Other indicators observed/known: ______________________________

____

____

Behavioral indicators observed: ______________________________

____

____

Other indicators observed/known: ______________________________

____

____

Reporter's Name and Position: ______________________________

____

Date of Report: ____________________

CHRONIC HEALTH CONDITIONS

Introduction

Almost every day care center has a number of children with ongoing health problems or medical conditions such as allergies. The children with chronic conditions who are already in day care generally have mild forms of the problems and are able to participate in normal center routines most of the time. Children with more severe forms of chronic conditions such as epilepsy and asthma can be involved in day care programs with the careful planning and preparation of the caregivers.

In this section, participants discuss several typical chronic illnesses in terms of their symptoms and the preparation needed to deal effectively with them in the day care setting.

Read Chapter 16, Chronic Health Conditions, in the Manual before conducting this activity.

ACTIVITY ONE-- Preparations and Procedures

Concept:

Children with chronic health conditions can be successfully integrated into day care programs when caregivers have the necessary preparation and information to care for them.

Approximate Time Needed:

60 Minutes.

Materials Needed:

One *Situation Card* for each group. There are three different *Situation Cards.*

Handouts for each participant: Chronic Illness Record Form,
Sample Asthma Record
Diabetes Emergency Record Form

Process:

1. Divide participants into groups of 4-5 and give one situation card to each group. Instruct the groups to read their card and complete the task.

2. Allow time for groups to discuss the situation (approximately 10 minutes) and then ask one group to read *Situation One* and highlight the small group discussion for all participants. Allow other comments. Stress the following points during the discussion:

   Jamie is having an allergic reaction, probably due to the mold or dust on the leaves. The reaction includes a skin reaction and an asthmatic (breathing) reaction.

   - Basic procedures include:

     -- Remove the child from the allergin (leaves)
     -- Try to keep child calm; try to relax him
     -- Keep the child sitting upright rather than lying down
     -- Encourage child to drink fluids (nothing ice cold)
     -- Administer medicines indicated by parents and doctor
     -- If attack passes, allow child to continue playing

   - **Note:** Parents of asthmatic children know the child's limits. Consult them frequently so that the day care center staff do not unnecessarily limit the child's activity.

   - Complete the discussion by distributing the handout, Sample Asthma Record.

3. Ask someone with *Situation Two* to read the card and summarize their discussion. Stress the following:

   EPILEPSY is a disorder of the brain in which the brain sometimes becomes overloaded with electrical charges. These charges are the messages sent to other parts of the body. This overload produces a set of uncontrolled movements called SEIZURES. Tommy is having a "grand mal" seizure. Fatigue may have triggered this seizure.

   - Basic procedures include:

     - Remain calm.
     - If child is on the floor, leave him/her there; if child is elsewhere, place him/her on the floor, face up.
     - Clear the area of sharp, pointed objects which are hard or hot.
     - Place soft pillow or clothing under child's head.
     - Turn head to the side so the child can breathe and saliva cannot collect in his/her throat.
     - Stay with the child until the seizure ends (usually 2-3 minutes) and help him/her to a comfortable place to rest for a while.
     - Reorient the child to activities.
     - Have a treatment plan prepared for seizures which last more than five minutes. Emergency contacts and transportation to a hospital should be arranged immediately.
     - Make sure the child doesn't hurt himself by knocking against something.
     - Loosen tight clothing.
     - Do not try to interfere with or stop the seizure movements (except to prevent serious injury).
     - Do not place any sticks or other objects in the mouth during a seizure!!!

   - After the seizure the teacher should help the child not to feel self-conscious.

   - **Note:** It is important to stay in close touch with the parents regarding the regularity with which the child is taking the medication and its effectiveness in controlling the seizures. Also, the parents can inform you about tolerance for activity so that the child's activities are not unnecessarily curtailed.

5. Have someone from *Situation Three* read the situation card and report the group's discussion. Stress the following:

   DIABETES is a condition in which the pancreas does not produce enough insulin. Insulin helps the body store and use sugar. Sugar is necessary because the body needs it for food for energy. Insulin, sugar, and activity are interrelated.

   Justine has diabetes which is controlled by daily injections of insulin. However, she also needs a special diet to control the amount of sugar she eats. In addition, there needs to be a correct balance of exercise and insulin. Staff will need the following information from Mrs. Latimer:

   - The diet that Justine needs to follow to keep the correct balance of sugars and insulin. Included are the snacks she can and cannot have, how often she must eat, the amount of food she needs.

   - The typical symptoms of an insulin reaction for Justine, e.g., staggering, pale color, sweating.

   - The steps to take if a reaction occurs:

     - provide sugar immediately in the form of soda, candy bar, fruit juice, granulated sugar.
     - reassure the child that everything will be fine.
     - if there is no improvement within 10-15 minutes, call parents or physician.
     - when the child is feeling better, s/he should have a small snack, and then resume activities.

   - The procedures to follow during an insulin reaction should be approved in advance by the parents and physicians. To safely care for Justine all staff need to know symptoms of an insulin reaction and have quick access to sugar/sugar products to administer when a reaction takes place. In addition, food preparation staff need complete information regarding her diet.

- Summarize by passing out the handout, Diabetes Emergency Record Form.

6. Complete this activity by stressing the importance of having complete information on each child regarding ongoing health problems. Distribute the handout, Chronic Illness Record Form and discuss the items on it. Stress that these forms should be readily accessible to staff for use in emergencies.

CHRONIC HEALTH CONDITIONS, *ACTIVITY ONE*

SITUATION CARD ONE

It is a beautiful October afternoon and the children are having fun helping Mr. Brown rake the Fall leaves. Before long they're jumping up and down in the big pile he made. Suddenly, you notice Jamie's face has become very red and swollen. He also seems to be having some difficulty breathing. He begins to cry and cough. What should you do?

……

CHRONIC HEALTH CONDITIONS, *ACTIVITY ONE*

SITUATION CARD TWO

You and your children have just returned from a fatiguing field trip to the community carnival. Suddenly Tommy falls over and begins to shake violently. You immediately remember that his mother said he has epilepsy. What should you do?

SITUATION CARD THREE

Mrs. Latimer approaches you about enrolling her 4 year old daughter Justine who has diabetes. Justine receives 2 injections of insulin a day at home. What information do you and the rest of the staff need to assure Justine's safety?

……

CHRONIC ILLNESS RECORD FORM

1. Does the child have an ongoing health problem or chronic illness? **Check those that apply:**
   - ___ Allergies -- Which?___
   - ___ Anemia
   - ___ Asthma
   - ___ Diabetes
   - ___ Epilepsy/Seizures
   - ___ Heart trouble
   - ___ Kidney trouble
   - ___ Sickle cell disease
   - ___ Other: What?___

IF THE CHILD DOES HAVE A CHRONIC PROBLEM, ASK THE FOLLOWING ADDITIONAL QUESTIONS:

2. What happens to the child when s/he has a crisis related to the condition?___

3. What procedures would the day care staff follow to:
   a. prevent these crises?___
   b. deal with them when they occur?___

4. Does the staff need to be trained in any particular emergency procedures (e.g., CPR)? If so, which?___

5. Is the child taking any regular medications? Which?___
   a. Are there any side effects with this medication? Which?___
   b. Does the child need to have medication regularly? On what schedule?___

6. Does the child require any changes in the following program areas? Check all that apply.
   a. ___ Diet -- What?___
   b. ___ Order of activities--Describe:___
   c. ___ Types of activities--Describe:___
   d. ___ Length of activities--Describe:___
   e. ___ Naptime routine--Explain:___
   f. ___ Toileting--Explain:___
   g. ___ Other--Explain:___

7. Name of person(s) other than yourself who should be contacted for questions about this child's condition if you are unavailable?___
   (Phone)___

SAMPLE ASTHMA RECORD

Child's Name ______________ Physician's Name ______________ Phone ______________

1. Describe the child's asthma symptoms, including when they generally occur.

2. How are mild episodes ("attacks") treated?

3. How are serious episodes treated?

4. Is this child on daily medication?________________ If so, give details below:

5. Does strenuous activity induce episodes?__________________
   If so, under which conditions should this child not participate in vigorous activities?

6. Do weather conditions affect the asthma?________________________________
   If so, how?

7. Does the child understand asthma?_________________________
   If yes, does the child participate in the management of this condition?________________.
   How?

ADDITIONAL COMMENTS:

DIABETES EMERGENCY RECORD FORM

Child's Name ______________________________ Date ____________

Parents' Name ______________________________ Home Phone ____________

Work Phone ____________

Another person to call in emergency ____________ Relationship ____________ Phone ____________

Physician's Name ____________ Address ____________ Phone ____________

Signs and symptoms the child usually exhibits before insulin reaction:

____

____

Time of day reaction most likely to occur: ______________________________

Most effective treatment (sweets most readily accepted) and amount: ______________________________

____

____

____

ADDITIONAL COMMENTS:

INFECTIOUS DISEASES

Introduction

Infectious or "catching" diseases are a major problem for day care centers. They cause absenteeism among both staff and children. They spread quickly and occasionally result in outbreaks of serious consequence.

The activities in this section address the problem of infectious diseases: how they spread, precautions to minimize their spread, and when to exclude infected chidren from attendance at day care.

Read Chapter 17, Infectious Diseases, in the Manual before conducting this activity.

ACTIVITY ONE -- Reducing the Spread of Diseases

Concepts:

Infectious diseases spread through several different ways.

Precautions can be taken to minimize the spread of these diseases.

Approximate Time Needed:

60 Minutes

Materials Needed:

One copy of each of the Concept Cards:

Infectious Diseases = Contagious or "Catching Diseases"
Diseases Spread Through the Respiratory Tract (eyes, nose, mouth, lung secretions)
Diseases Spread Through Blood
Diseases Spread Through Direct Contact
Diseases Spread Through Stools
Infectious Diarrheal Diseases: Giardia, Shigella, Salmonella, and Campylobacter

Handouts for each participant: Immunization Schedule
Exclusion Guidelines

Process:

1. Introduce this activity by posting the *Concept Card, "Infectious Disease = Contagious or 'Catching Diseases'"*.

    - Ask participants to give names of some infectious diseases they have seen in their child care setting. List these on a chalk board or large newsprint. List until you have about 10 diseases. Examples include: colds, flu, strep throat, meningitis, diarrhea, head lice.

2. Begin explaining there are 4 ways diseases spread. Post the following concept cards one at a time:

    Concept Card *Diseases Spread Through the Respiratory Tract*

    - Ask participants to identify examples that apply, i.e., colds, flu, "strep throat", meningitis. One group of these disease are viral illnesses such as "colds", influenza, and roseola. Most children catch many colds each year. The viruses spread through respiratory secretions. The virus concentration in the secretions is usually highest 2-3 days before a person develops the symptoms.

Another group of these diseases include Group A streptococcal infections such as "strep throat", scarlet fever, and impetigo.

Other more serious illness include: chicken pox and shingles, meningococcal meningitis illnesses, haemophilus influenzae Type B (Hib), and Tuberculosis (TB).

Concept Card *Diseases Spread Through Blood*

- Two serious examples are AIDS (Acquired Immune Deficiency Syndrome)/HIV and Hepititis B. The viruses that cause these infections can be spread when blood containing the virus enters the blood stream of another person. This can happen when the skin is accidently or intentionally punctured by a contaminated needle. Spread can also occur when infected blood comes in contact with a broken surface of a mucus membrane (such as the lining of the mouth, eyes, nose, rectum or sex organ). An infected mother can also transmit these infections to her newborn infant.

Concept Card *Diseases Spread Through Direct Contact*

- These diseases can be grouped into: superficial infections and skin infections including impetigo, ring worm, conjunctivitis, scabies, and pediculosis (head lice). These are common and not serious. They are spread by direct contact with infected secretions, infected skin areas, or infested articles. Because young children constantly touch their surroundings these infections spread easily in day care settings.

  General infections and total body infections including cytomegalovirus, herpes simplex, and sexually transmitted diseases. These generalized infections can be more serious than skin infections. These illnesses produce a range of symptoms from no illness or mild illness (cold sores) to total body illness. Some are treatable (syphillis); some are not (cytomegalovirus). They all spread through body contact. Persons can get these infections and carry the germs in their body secretions for months or years without knowing it.

Concept Card *Infectious Diarrheal Diseases: Giardia, Shigella, Salmonella, and Campylobacter*

Several infectious diarrheal diseases are often found in day care centers. Stress the following:

- A person has diarrhea when s/he has more stools than normal (for him/her) and the stools are loose, watery, and unformed.
- Infectious diarrhea is caused by viruses, parasites, or bacteria and can spread quickly from person to person.
- Four of the more frequently occurring are Giardia, Shigella, Salmonella, and Campylobacter.
- Most of these diseases spread when stools get on hands or objects and then onto other children's hands and into their mouths.
- Salmonella and Campylobacter can also be spread by contaminated food or drink and is sometimes found in uncooked meat or poultry and unpasteurized raw milk.

3. Summarize this discussion by stating the four ways that diseases spread. Emphasize that knowing how a disease spreads helps us to determine the precautions that we can take to reduce the spread of that disease.

4. Explain there are some diseases that can be controlled with vaccine. Pass out handout, Immunization Schedule. Stress:

   - Immunization is necessary for Diptheria, Tetanus and Pertussis (DTP); measles, mumps, and rubella (MMR); and polio.

- All parents need to know about such immunizations.

- Each center should have proof that the enrolled children have received proper immunization.

5. Indicate there are other miscellaneous diseases that have not been discussed. Some include:

   - Otitis Media -- This is an infection of the part of the ear behind the eardrum. Bacteria and viruses can travel from a small passageway inside the throat to the middle ear and cause the infection. This infection is NOT contagious.

   - Monilial (Candida) Infections -- These yeast infections are very common in babies and young children in diapers. In mouths the yeast infection causes white patches called "thrush". It is treated with drops. Diaper rashes start as very red, raised, round spots. Sometimes the spots all run together forming a very sore, red area that may bleed. The rash is treated with cream. These infections are NOT contagious.

   - Pinworms -- These tiny worms live in the lower intestines of people. The female worms (resembling short, white threads less than half an inch long) come through the anus at night and lay their microscopic eggs around the opening. Sometimes this causes intense itching. When children or adults scratch their itchy bottoms, the eggs can come off onto the fingers or under the fingernails. These persons may put their fingers into someone's mouth or food, and eggs may be swallowed which will hatch into worms. Persons can also be infected indirectly through contact with clothing or bedding that has been contaminated with eggs. Infected persons are treated with medications and need not be excluded from the group once treatment has begun.

6. Divide participants into 4 groups. Give each group one of the four *Concept Cards*: "Diseases Spread Through the Respiratory Tract", "Diseases Travel Through Blood", or "Diseases Travel Through Direct Contact" or "Diseases Travel Through Stools". Instruct each group to develop a list of procedures or guidelines that day care staff can use to reduce the number of illnesses transmitted for that type of infectious disease. List these recommendations/guidelines on the paper provided.

7. Allow approximately 10 minutes for groups to develop guidelines. Have each group report separately. Stress the following points:

   - Infections are spread from person to person by body secretions (saliva, tears, nasal discharge, urine, stool, phlegm, mucus, vomitus, blood, pus, ooze, etc.).

   - Secretions can be scattered by sneezing, coughing, blowing nose, or by wet or dirty diapers.

   - Secretions sometimes get into food or drink or onto surfaces or objects touched by another.

   - Viruses and bacteria like warm, wet and stuffy environments and hate clean, dry fresh areas.

   - Babies and small children cannot control their bodily secretions or keep themselves clean and dry.

8. Summarize the discussion with the following guidelines:

   - Handwashing is a must. Check on the section on "Creating a Healthy Environment" in this guide for more elaborate discussion of the importance and correct procedures for handwashing.

   - Fresh air is important. Going outside and airing out rooms is important.

   - Enough space is necessary. Crowding leads to the spread of infection.

   - Cleanliness is critical especially in diapering, toileting, and eating areas.

9. Discuss when to exclude children with an infectious disease by distributing the handout, Exclusion Guidelines. Some illnesses must be reported to the health department. The center should have guidelines for reporting outbreaks (3 or more persons) of these diseases, e.g., hepatitis and diarrheal diseases. Consider "cohorting" or grouping children with the same illness apart from other children to minimize the spread of the disease.

147

Infectious Disease = Contagious or "Catching Diseases"

Diseases Spread Through the Respiratory Tract

INFECTIOUS DISEASES, *ACTIVITY ONE*

Diseases Spread Through Blood

INFECTIOUS DISEASES, *ACTIVITY ONE*

Diseases Spread Through Direct Contact

149

Diseases Spread Through Stools

Infectious Diarrheal Diseases: Giardia, Shigella, Salmonella and Campylobacter

IMMUNIZATION SCHEDULE

SCHEDULE FOR INFANTS

Age	Vaccines
2 months	DTP - 1, Polio - 1
4 months	DTP - 2, Polio -2
6 months	DTP - 3
(12 months)	(Initial TB Screening Test, repeated as required)
15 months	MMR
18 months*	DTP - 4, Polio - 3
24 months	Hib
4-6 years (school entry)	DTP - 5, Polio - 4
14-16 years (and at successive 10 year intervals)	Td

*These may be given at 15 months with the MMR.

Definition of Vaccine Codes

DTP	**Diptheria and Tetanus Toxoids and Pertussis Vaccine Adsorbed**
Td	**Tetanus and Diptheria Toxoids Adsorbed (for age 7 and older)**
Polio	**Trivalent Oral Polio Vaccine**
MMR	**Measles, Mumps, Rubella**
Hib	**Haemophilus Influenzae Type B Vaccine**

SCHEDULE FOR CHILDREN NOT IMMUNIZED IN EARLY INFANCY (or for Children behind schedule)**

Time Interval	For Children Below the Age of 7	For Children 7 Years or Older
First Visit	DTP-1; Polio-1, MMR (if child is 15 mths. or older)	Td-1; Polio-1; MMR
2 Months Later	DTP-2; Polio -2	Td-2; Polio-2
4 Months	DTP-3	
6-12 Months later	DTP-4; Polio -3	
School Entry***	DTP-5; Polio-4	
Every 10 years (from date of last DPT or Td)	Td	Td

**Children whose schedule has been interrupted and who are in the process of being immunized (i.e., awaiting the next DTP or Polio dose and in the specified waiting period between doses) may remain in day care centers until the next dose is due. Those who exceed the specified waiting period between doses must be excluded.

***Not required if DTP-4 and Polio-3 were given after 4 years of age.

EXCLUSION GUIDELINES

EXCLUDE SOME CHILDREN

When should a center absolutely refuse to let a child attend in order to protect other children and staff?

Contrary to popular belief and practice, there are very few illnesses for which children need to be excluded from day care.

Illness/Symptom	***Exclude Until***
Meningococcal Disease (Neisseria Meningitides)	Well AND ALSO completed 2 day course of rifampin
Hib Disease (Hemophilus influenza)	Well AND ALSO completed 4 day course of rifampin
Diarrhea and illness (such as fever and/or vomiting)	Diarrhea gone (or clearance from health consultant)
Diarrhea if the center cannot assure special precautions	Diarrhea gone (or clearance from health consultant)
Chicken Pox	Skins lesions (blisters) scabbed over
Hepatitis A	One week after illness started AND fever gone
AIDS (or HIV infection)	Over age three; toilet-trained, without frequent "accidents" and without uncoverable, oozing skins sores, biting behaviors, or frequent drooling

For most other conditions, either a child has already exposed others before becoming obviously ill (colds) or is not contagious after beginning treatment (strep throat, conjunctivitis, impetigo, TB, ringworm, parasites, head lice, and scabies). The time after beginning treatment and returning will vary depending on the specific disease.

Children who are *carriers* of some viral illnesses, such as CMV (cytomegalovirus), and Herpes *can be and should be admitted to day care* without posing a significant threat to the health of others. Children with CMV should not be in contact with pregnant women.

ACTIVITY TWO -- Procedural Considerations

Concepts:

Precautionary measures can help curb an outbreak of infectious diarrhea.

Day care staff should have a plan of action for dealing with such an outbreak.

Approximate Time Needed:

60 Minutes.

Materials Needed:

One *Situation Card* for group each of 4-5 participants.

Handout for each participant: Sample Letter on Diarrheal Diseases

Process:

1. Explain to participants that since outbreaks of infectious diseases are always possible, staff need to have clear guidelines and procedures to handle the situation.

2. Divide participants into small groups and give each group a copy of the *Situation Card.* Direct the groups to discuss the situation. Allow approximately 5 to 10 minutes for the discussion.

3. When the small groups have completed their tasks, ask for a volunteer to discuss one of the following items:

   HEALTH DEPARTMENT -- When 3 or more persons have diarrhea, the local board of health should be called for help in containing the spread of the disease causing the diarrhea. Keep track of the number of cases of diarrhea to report to the health department.

   DIAGNOSIS -- It is very important to ascertain what infection is causing the diarrhea so that necessary treatment can be undertaken. Stool samples will be needed for culture.

   INFECTED CHILDREN -- The exclusion guidelines (See Activity One in this section) should be followed. That is, children with diarrhea and illness (such as fever and/or vomiting) should be excluded from the day care center. However, those with only diarrhea should be excluded if the caregivers cannot take special precautions to minimize the spread of the disease. These precautions include preparation and distribution of food by noninfected caregivers and strict handwashing for all staff and children.

   PARENTS -- Parents should be informed immediately about the diarrhea. Ask them to have stool samples cultured by health care providers. Distribute handout, Sample Letter on Diarrheal Diseases.

   INFECTED STAFF -- Infected staff should be directed to get a stool sample analyzed. Staff should implement general guidelines aimed at reducing the spread of the diarrhea. First, handwashing is a must. In addition, infected staff responsible for preparing food and feeding the children should not be allowed to do these tasks.

   Staff who are not ill (no fever or vomiting) do not need to be excluded IF they take special precautions: follow handwashing procedures, do not prepare or serve food to the children because of the danger of reinfecting.

153

NONINFECTED PERSONS -- It may be necessary to attempt to set up one area as a special area. During this time, it is necessary to have adequate staff with both groups of children. This "cohort" system allows uninfected children the chance to remain uninfected while infected individuals remain in a separate area during the time they are receiving treatment.

4. Summarize this discussion by reviewing the exclusion guidelines and general precautions that should be taken during an outbreak of diarrhea. These precautions include:

   - Follow handwashing procedures.
   - Follow disinfecting procedures especially for eating, diapering and toileting areas.
   - Although excluded children and staff may come back after treatment and when severe diarrhea is gone, CONTINUE TO TAKE SPECIAL PRECAUTIONS until all persons with positive stool cultures have been treated and have had TWO negative stool cultures (taken 48 hours apart) after treatment.

INFECTIOUS DISEASES, *ACTIVITY TWO*

SITUATION CARD

Yesterday two of the toddlers developed diarrhea and needed their diapers changed continually during the day. This morning a 3 year old soiled her clothing with loose stools and one of the staff complained about needing to run to the bathroom every few minutes.

How do you as the director deal with this initial stage of a potential outbreak of diarrhea? Outline the specific steps taht should be taken regarding:

1. *the health department*
2. *getting a diagnosis*
3. *infected children*
4. *parents*
5. *infected staff*
6. *non-infected persons*

INFECTIOUS DISEASES, *ACTIVITY TWO -- HANDOUT*

SAMPLE LETTER ON DIARRHEAL DISEASES

Dear Parent or Guardian:

_____ A child in our center has a diarrheal disease.
_____ Your child may have a diarrheal disease.

PLEASE TAKE THE FOLLOWING PRECAUTIONS:

1. Watch your child and members of your family to see if they develop diarrhea, stomach cramps, gas, and/or nausea.

2. If your child develops severe diarrhea or diarrhea with fever or vomiting, do not send him/her to the center.

3. If your child develops mild diarrhea, please call us to discuss whether or not s/he should come to the center.

4. If either case, ask your health care provider to do a stool test for bacteria or parasites. Tests should be done for your child and for other family members who develop diarrhea.

5. If your child's test is positive, keep him/her home until: any serious diarrhea or illness is over and child ha received medication, if required.

6. Please keep us informed about how your child is doing and about any positive tests or treatment.

INFORMATION ABOUT DIARRHEAL DISEASES

What are they? Diarrheal diseases are caused by germs (bacteria, parasites or viruses) that multiply in the intestines and are passed out of the body in the stools. Anyone can get diarrheal diseases and they can be caught repeatedly. Persons with these germs in their stools may not actually have diarrhea or feel sick. Laboratory tests are the only way to tell if a particular stool contains germs.

Four diarrheal diseases commonly found in day care centers are listed below, along with the illness symptoms they typically cause:

Name	Caused by	Symptoms
Giardia Lamblia	A microscopic parasite	Mild diarrhea, bad-smelling diarrhea, gas, stomach cramps, nausea, lack of appetite, and/or possible weight loss.
Shigella	A microscopic bacteria	Mild diarrhea, fever, stomach pain, and/or diarrhea with blood or mucus.
Salmonella	A microscopic bacteria	Mild to severe diarrhea, fever, and/or painful stomach cramps.
Campylobacter	A microscopic bacteria	Mild to severe or bloody diarrhea, fever, stomach cramps, and/or vomiting.

How Do You Catch Diarrheal Diseases? When people do not wash their hands well after going to the bathroom, changing diapers, or helping a child go to the bathroom, microscopic diarrheal germs stay on their hands and the children's hands. The germs can then spread to food or drink or to objects and, eventually, to other people's hands and mouths. The germs are then swallowed by the other people, multiply in their intestines, and cause an infection.

Obviously diarrheal diseases can spread easily among small children who normally get their hands into everything and may not wash their hands well.

How Do You Know If You Have A Diarrheal Diseases? These diseases can be diagnosed by a test called "stool for ova and parasites," in which the stool is examined under the microscope. Since the germs are usually passed in the stools off and on, several stool samples taken over several days may need to be examined.

How Can You Stop The Spread of Diarrheal Diseases In Your Household?

- Be sure everyone washes their hands carefully after using the bathroom or helping a baby or child with diapers or toileting and before preparing or eating food. Babies and children need to have their hands washed, too, at these times.

- If someone in your family develops diarrhea, ask your health care provider to do a test for germs in the stool. This is critical for family or household members who handle or prepare food as a job.

- Medication is recommended for children and adults who have diarrheal diseases (with the exception of Salmonella) since it shortens both the length of the illness and the time the germ is found in the stool. Your health care provider will decide about treatment for your child and/or other family members.

CARE OF THE MILDLY ILL CHILD

Introduction

Most centers offer at least temporary care of ill children. Even if a center does not provide care for ill children, there still are times when children become sick during the day and need to be taken care of until someone picks them up. This section provides some guidelines for caring for ill children and keeping them comfortable.

Read Chapter 18, **Care of the Mildly Ill Child**, in the Manual before conducting this activity.

ACTIVITY ONE -- Procedures for Care

Concepts:

Day care staff need to recognize signs of illness in their children.

It is important for staff to have guidelines for temporarily caring for children with fever, diarrhea, colds, and rashes.

It is important for staff to have specific guidelines to assure the safe administration of medications.

Approximate Time Needed:

90 minutes.

Materials Needed:

One *Situation Card* for each group, there are 4 different *Situation Cards*.

Handouts for each participant:
Instructions for Taking a Child's Temperature
Sample Medication Form
Guidelines for Administering Medications

Process:

1. Introduce this activity by explaining that even when a day care center does not care for ill children, staff need to be prepared to deal with a mildly ill child--one who becomes feverish, develops diarrhea, etc.

2. Divide participants into groups of 4-5. Give each group one of the *Situation Cards*. Instruct them to read their cards and discuss them.

3. Allow approximately 10 minutes for their discussion. Then ask for a volunteer to read *Situation One* and share the highlights of their discussion. Stress the following:

   It is necessary to determine if Jenny has a fever. Use correct procedures for taking the temperature. Distribute the handout, Instructions for Taking a Child's Temperature, and review the concepts.

   FOR A FEVER

   - Offer small amounts of liquid often. Citrus juice or milk may tend to upset the stomach. Clear liquids are best -- water, flat soda, jello, broth, apple or grape juice.

   - For 100°-103°F, take off layers of clothing--strip down to underwear or diaper over 103°F.

   - A moist, cool cloth to the head and body may be helpful.

- For 104°F or over, give a tepid (just comfortable to the wrist) "sponge down." Water evaporating from the hot skin takes body heat with it and lowers the temperature. Do not use alcohol rubs or wipes.

- Parents may give acetaminophen (e.g., Tylenol) or authorize you to give it with physician's orders.

- Remember once again that height of fever is not necessarily related to serious illness. Many children with a temperature of 104°F or even 105°F have infections which are basically not dangerous. Infants and young children tend to run higher fevers than adults.

- *A DOCTOR SHOULD BE CALLED (USUALLY BY THE PARENTS) FOR ANY FEVER IN AN INFANT SIX MONTHS OF AGE OR LESS. THIS IS CRITICAL IN THE FIRST TWO MONTHS.*

- *Children who do have serious infections act sick. Good clues are:*

  -- Unusual drowsiness or excessive sleep.
  -- Loss of alertness.
  -- "Labored" (fast or difficult) breathing.
  -- Child looks very sick.
  -- Child doesn't want to eat or drink.
  -- Child is very irritable.
  -- Child does not want to play.
  -- Child complains about pain or cries excessively.

FOR VOMITING AND NAUSEA (feeling sick to the stomach):

- Stop solid food.

- Offer clear liquids--water, flat cola or ginger ale (shake bottle or stir in glass to remove the bubbles), jello, broth.

- Offer liquids in very small amounts: 1-2 ounces (or 2-4 tablespoons) every fifteen minutes.

- Sometimes popsicles or ice chips can be soothing.

- *Do not force child to drink.*

- Keep on clear liquids twenty-four hours--go slowly for next day on solids or until completely recovered.

- If child begs for food, give plain crackers, dry plain cookies or toast, or rice cereal.

- Spitting up is not vomiting.

- In case of repeated vomiting, call the parent.

- When the baby is under six months, the parent should call the doctor.

4. Have someone read *Situation Two* and discuss it. Stress the following:

FOR COLDS

- Try to keep room temperature at or below 70°F, when possible. Germs like it "hot and stuffy" and not "cool and dry" during the wintertime.

- Use a cool mist vaporizer to keep the air moist during the wintertime. (Don't add anything to it, e.g., Vicks). Do not use steam vaporizers.

- Raise the mattress or cot under the head for sleeping. Babies should NOT be on pillows. Put something under the mattress instead.
- Offer lots of clear liquids.
- Assist the child by helping to blow/wipe nose. *Wash your hands after.*
- Especially before eating, babies may need to have mucus removed from the nose by a rubber bulb with a plastic tip (aspirator), since they can't blow their own noses. Ask parent to send one into day care if desired. *Do not use for any other baby.* Beware that this can cause irritation to the lining of the nose.
- Let children rest. They may need less strenuous activities or more sleep.
- Don't force the child to eat.

5. Have someone read *Situation Three* and discuss it. Stress the following:

FOR DIARRHEA

- Diarrhea is:

  an increase in the number of stools over what is normal for that person

  AND

  stools which are unformed (they are loose/watery and take the shape of the container they are in).

  (Exception: Breast-fed babies have stools which are *normally* loose).

- *One loose stool does not mean that a child has diarrhea.* However, that child should be watched carefully and precautions taken.
- While the child is at the center:

  -- Offer clear liquids (see Vomiting section in this Activity)
  Infants: 1-2 ounces at a time, every fifteen minutes or so.
  Preschool Children: 2 to 4 ounces at a time, every fifteen minutes or so.
  -- Avoid whole milk.
  -- If the child acts hungry, offer soft diet (e.g., rice, oatmeal, crackers, jello, mashed banana, applesauce, sherbet).

- *When the Baby is Under Six Months, the Parent Should Call the Doctor.*
- Although vomiting and diarrhea are generally considered mild illnesses, they can sometimes lead to dehydration, a more serious condition. Dehydration is an excessive loss of water and salt from the body through stools. Watch for these symptoms: decreased frequency and amount of urinating; few or no tears; a sticky or dry mouth; and thirst.

FOR DIAPER RASH

Diaper rash is basically a burn of skin; ammonia is formed in the breakdown of urine by the bacteria on the skin.

- Treat the burn itself. When a rash is present:

  -- Leave the baby without diaper and plastic pants when in his/her crib during naps.
  -- A cool sitz bath may help (at least fifteen minutes to give time for deep cooling and contraction of blood vessels).

- Neutralize ammonia and make it hard for the bacteria on the skin to grow.
  - Put vinegar (2-3 tablespoons) in bath. Vinegar is a mild acid which works against the ammonia and prevents bacterial growth. Bathing also cuts down the need for rubbing the child's sore bottom.
  - To make urine more acid, have the child drink acid fruit juice--cranberry is good (citrus less effective).
  - Bacteria do not grow well in diluted urine--increase child's intake of liquid.
- Suggest to parents that at night, if a diaper is used, to keep the urine away from the skin, they may:
  - Use zinc ointment (e.g., Desitin) or petroleum jelly (e.g., Vaseline). Make sure the child is clean and dry first.
  - Use a second paper diaper without plastic backing as a liner for regular paper diaper at night.
- Stools contain broken down bile, which is like a detergent and irritating, so change the child right away and wash child's bottom well with soap and lukewarm water. For a small infant, this rinsing can easily be done over the sink. If you do this, you must wash and disinfect the sink.
  - Do not run water from the tap directly onto an infant's skin.
  - Use your hand to be sure that a sudden surge of hot water from the tap cannot scald the child.

6. Have someone read *Situation Four* and discuss it. Stress the following:

FOR SUNBURN

- Medications should not be used without a doctor's recommendation.
- There is no cure for sunburn but pain and itching can be relieved with cool bath or compresses 3 or 4 times a day for 10-15 minutes at a time.
- If burn is severe; i.e., accompanied by intense pain, blistering of the skin, nausea, chills, and fever, have the parent consult a doctor.

FOR HEAT EXHAUSTION

- Watch for symptoms: pale & clammy skin, heavy sweating, fatigue, weakness, dizziness, headache, nausea, muscle cramps, vomiting, fainting.
- Move child to a cool and shaded area.

FOR DEHYDRATION

- Watch for symptoms: concentrated urine; i.e., deep yellow urine instead of pale yellow or colorless urine every 2-3 hours, few or no tears, sticky or dry mouth, thirst.
- Provide frequent small amounts of clear liquid.
- Use sprinklers to cool children or cool water on paper towels to remove perspiration and oil from the children's skin.
- Best prevention: provide readily available water before and after vigorous play or at least every 2 hours throughout the day.

7. After the situations have been discussed, indicate that sometimes it is necessary to administer medication to a child. For example, a child who has had an ear infection may return to the day care center before the 10 days of antibiotic medication is completed. Have participants work in their groups to develop a set of guidelines to assure the safe administration of medications to their children.

8. Allow approximately 10 minutes and then ask for several persons to read their guidelines. Distribute the handout, Guidelines for Administering Medications, and discuss any items not already discussed.

9. Distribute the handout, Sample Medication Form, and indicate that the parent should complete top section when medication is to be given and staff should complete bottom part whenever medicine is given.

10. Summarize this activity by stressing that the procedures and guidelines discussed should be helpful in dealing with the mildly ill child.

CARE OF THE MILDLY ILL CHILD. *ACTIVITY ONE*

SITUATION CARD ONE

You noticed that Mary has been quiet all morning. When she awoke from her afternoon nap, her face was all flushed and you suspected she had a fever. Before you have a chance to check her fever she began to vomit. What can you do about her illness until her mom gets there at 6pm? For her fever? For her vomiting?

……

CARE OF THE MILDLY ILL CHILD. *ACTIVITY ONE*

SITUATION CARD TWO

It is the last week in January and it seems at least three quarters of the children are suffering with winter colds. What can you do to make them more comfortable?

CARE OF THE MILDLY ILL CHILD, *ACTIVITY ONE*

SITUATION CARD THREE

You notice in the last two diaper changes that Jonathan has diarrhea. In addition he has developed a diaper rash. What can you do about the diarrhea and how can you make him more comfortable?

●●

CARE OF THE MILDLY ILL CHILD, *ACTIVITY ONE*

SITUATION CARD FOUR

Your center has taken an early June field trip to the sand dunes park. Without your realizing it, it became unusually warm--in the high 80's. You arrive back at the center about 3pm and notice that several children are showing signs of sunburn and a few are sweating and looking very tired. What can you do to make the children more comfortable--those who are sunburned and those who are showing signs of heat exhaustion?

INSTRUCTIONS FOR TAKING A CHILD'S TEMPERATURE

Preparation

Shake the thermometer until the mercury line is below 95°-96°F. To avoid breakage, shake over something soft.

Where to Take the Temperature

1. In children under five years of age; axillary (armpit) temperature for screening; if axillary temperature is over 99°F (37.2°C), check with a rectal temperature.
2. In children over five years of age: oral (by mouth) temperature.

Taking Axillary (Armpit) Temperatures

1. Place the tip of the thermometer in a dry armpit.
2. Close the armpit by holding the elbow against the chest for five minutes.
3. If you're uncertain about the result, recheck it with a rectal temperature. Axillary temperatures may not be reliable. Use for screening purposes only.

Taking Rectal Temperatures

1. Have the child lie stomach down on your lap.
2. Lubricate the end of the thermometer and the child's anal opening with petroleum jelly.
3. Carefully insert the thermometer about 1" (25.4 mm) but never force it.
4. Hold the child still while the thermometer is in and press the buttocks together.
5. Leave the thermometer inside the rectum for three minutes.

Taking Oral Temperatures -- use only with the older preschool child.

1. Be sure the child has not recently drunk a very cold or very hot drink.
2. Place the thermometer tip under the right side of the tongue.
3. Have the child hold the thermometer in place with the lips and fingers (not the teeth).
4. Have the child breathe through the nose with the mouth closed.
5. Leave the thermometer inside the mouth for 3 minutes.
6. If the child can't keep the mouth closed because the nose is blocked, take an axillary temperature.

Reading the Thermometer

Determine where the mercury line ends by turning the thermometer slightly until the line appears. If this is difficult for you, practice.

Cleaning the Thermometer

1. Wash the thermometer with cold water and soap. (Hot water will crack the glass or break the thermometer). A cracked thermometer could cut the child and should be thrown away.
2. Rinse the thermometer with cold water.
3. Dry and wipe it with rubbing alcohol.
4. Immerse in recommended bleach solution (1part bleach, 10 parts water) and allow to air dry.
5. Shake down the thermometer and put it back into its case.

SAMPLE MEDICATION FORM

PARENT PERMISSION

______________________________ ______________
Child's Name Date

I hereby grant permission to ______________________________

to give my child ______________________________ medication on:

date or period of time as follows: _______ Day or: From_____ To______

Reason______________________	Reason______________________
Name of Medicine_______________	Name of Medicine_______________
Dosage (How Much)______________	Dosage______________________
At______________________o'clock	At______________________o'clock
Specific Instructions:_______________	Specific Instructions_______________
______________________________	______________________________
______________________________	______________________________

SIGNATURE OF PARENT/GUARDIAN______________________________

* * *

MEDICATION LOG

NAME	DOSE	DATE/TIME	BY WHOM	COMMENTS, IF NEEDED
e.g., Amoxicillin	1 tsp.	2-23/2:00pm	Jane Smith	Took willingly; wanted more.

GUIDELINES FOR ADMINISTERING MEDICATIONS

- Prescription or non-prescription medications will not be administered to the child without the written order of a physician which indicates that the medication is for that child.
- No medication, whether prescription or non-prescription, will be administered to a child without written parental authorization.
- A written record of the administration of prescribed medication to children which includes the item and date of each administration, the name of the staff member administering the medication, and the name of the child.
- All medicine should be labeled with the child's name, the name of the drug and the directions for its administration. Any unused medication should be disposed of or returned to the parent(s).
- All staff who are responsible for giving medications should be trained in specific procedures by a physician or nurse.
- When parents are having a prescription filled, have them ask the pharmacist to give them a small extra *labeled* bottle to bring to day care.
- Keep a medicine log sheet posted where you give it to the child (e.g., on refrigerator) so you won't forget to write down the exact time and date. Put this in the child's folder after the course of medication ends.
- Be sure you have very specific instructions about how the medicine should be given (e.g., before or after meals, with a full glass of water after the mediciation, tilting head, etc.). Most prescription labels do not have this information.
- Learn the possible side effects of the medication and inform the parent immediately if you observe any effects. Do not give more medication without the approval of the parent or the child's physician.
- Always read what the label says about the storage; some drugs need to be refrigerated.
- *ALWAYS READ THE LABEL CAREFULLY BEFORE YOU GIVE ANY MEDICINE; BOTTLES OFTEN LOOK THE SAME.* Be sure that the child's name is on that bottle, since several children may be taking the same medicine. As an extra precaution, some centers put medication in a bag labeled with the child's name in large letters.
- Keep medicines in a locked cabinet or out of reach of children. (Don't forget medicines in the refrigerator).
- Be sure that you do not leave medicine out without adult supervision, e.g., when you answer the telephone or leave the room. Put it away first, or take it with you. A child can take an overdose in seconds.
- Never refer to medicine as "candy" or something else children like. They may try to get more of it when unsupervised.

HEALTH AND SAFETY EDUCATION FOR PRESCHOOLERS

Introduction

During the preschool years, children form habits and attitudes which can last a lifetime. Health education works best in a healthy environment where adults display healthy behavior. Health and safety activities should be part of an ongoing process throughout the year. Routines such as brushing teeth, washing hands, careful food handling, and following safety rules should happen everyday. A health or safety unit and an occasional filmstrip are not enough to develop appropriate habits and attitudes in the children. Health and safety concepts must be integrated into the child's daily life.

Activity One provides participants with an opportunity to reflect on appropriate content for a health and safety curriculum and *Activity Two* provides practice in designing activities in selected topics.

Read Chapter 2, 6 and 7 in the Manual before presenting these activities.

ACTIVITY ONE -- Designing Activities

Concepts:

Preschoolers are ready to learn basic health and safety concepts.

Children of preschool age can be given information regarding safety issues such as poison prevention, pedestrian and car safety, and choking hazards.

Approximate Time Needed:

60 Minutes.

Materials Needed:

One copy of each of the *Concept Cards:*	Poison Prevention Pedestrian & Car Safety Choking Hazards
Handouts for each participant:	Resource List of Children's Books on Safety Examples of Health and Safety Curricula

Process:

1. Introduce this activity by stating that preschool children are receptive to learning attitudes and habits for health and safety.

2. Ask participants to give ideas about some topics that might be included in a health and safety curriculum. List them on chalkboard or newsprint as they are given. Some possible topics include:

   - Crossing the street
   - Avoiding darting into streets
   - Keeping things out of the mouth

3. Post the 3 *Concept Cards* (Poison Prevention, Pedestrian and Car Safety, and Choking Hazards) around the room. Point out that these are three examples of areas that preschoolers can be given basic information about.

4. Instruct participants to choose one of the topics and divide into groups of 4-5 for each of the topics.

5. Instruct each group to identify one or more concepts to be used in a teaching unit on their topic. Allow about 5 minutes. Ask each group to share their concepts. Possible concepts include:

   POISON PREVENTION

   - Children should not put unknown objects or substances into their mouth.

   PEDESTRIAN AND CAR SAFETY

   - Children should not cross the street alone.
   - Children should not dart into the street.

   CHOKING

   - Children should keep objects out of their mouths.
   - Children should not run with objects (lollipops, hard candy, etc.) in their mouths.

6. Instruct groups to develop some "What If" stories to have children talk about and/or role play to emphasize their concepts. For example: "What if your ball rolled out into the street?"

7. Allow time (5-10 minutes) and then ask for groups to share some possible stories:

   POISON PREVENTION

   - What if you saw a container that looked like ice cream on the table?
   - What if you found a candy wrapper with some candy in it lying in the grass?

   PEDESTRIAN AND CAR SAFETY

   - What if you wanted to hold your cat and it was sitting on the porch across the street?
   - What if someone special (ex., your grandparent) is coming to see you and is standing across the street?

8. Instruct participants to identify ways in which these concepts can be made concrete by role playing, game playing, etc. For example:

   Crossing the street can be practiced by going on the playground using chalk to mark off a street and having large blocks be cars, street lights, etc. Children can then practice basic steps of crossing streets correctly.

9. Summarize this activity by stressing that children need to hear concepts over and over again and they need to see them put into practice. Therefore, staff should:

   - Repeat activities in different settings. For example, each time a field trip is planned and periodically before the children leave for home, general rules for car safety can be reviewed. By doing so, children will learn to generalize basic health and safety concepts.
   - Use the "teachable moments" when children are most likely to learn. For example, when a child is going to the hospital for an operation, it is a perfect time to set up a hospital corner and to read books about hospitals.
   - Be models of good behaviors. Children learn most from people, not things. If staff talk about good foods, but sit in the kitchen smoking, drinking soda, and munching candy, children will not want to eat only healthy foods.

10. Pass out Resource List of Children's Books on Safety and suggest that participants use books and other materials to reinforce basic health and safety concepts on a regular basis.

11. Pass out Examples of Health and Safety Curricula and suggest that consideration be given to securing some curricula for use in the daily program.

POISON PREVENTION

PEDESTRIAN AND CAR SAFETY

CHOKING HAZARDS

RESOURCE LIST OF CHILDREN'S BOOKS ON SAFETY

Baker, Eugene H. Safety First: Home. Creative Education, 1980. Simple text and illustrations point out rules to follow to avoid accidents in the home.

Baker, Eugene H. Safety First: Outdoors. Creative Education, 1980. Presents safety tips for playing out of doors.

Baker, Eugene H. Safety First: School. Creative Education, 1980. Instructions for safety in school and on the playground.

Brown, Marc. Dinosaurs Beware! A Safety Guide. Little, Brown, 1982. Safety tips demonstrated by dinosaurs in situations at home, in the car, camping and other familiar places.

Chlad, Dorothy. When There is a Fire, Go Outside. Children's Press, 1982. Discusses safety rules to be followed when there is a fire in the house.

Chlad, Dorothy. When I Ride in a Car. Children's Press, 1982. Discusses how to be a safe passenger.

Chlad, Dorothy. Bicycles are Fun to Ride. Children's Press, 1984. Young boy tells about safety rules when riding a bicycle.

Chlad, Dorothy. Matches, Lighters and Firecrackers are Not Toys. Children's Press, 1982. Presents safety rules to be followed around matches, lighters and firecrackers.

Chlad, Dorothy. Poisons Make You Sick. Children's Press, 1984. Small girl explains why you should never put strange things in your mouth.

Cohen, Miriam. Jim's Dog, Muffins. Greenwillow, 1984. Jim's dog, Muffins, has been run over and killed, and Jim doesn't feel like talking to anybody in his class.

Elbert, Jeannie. What Would You Do If...? A Safety Game for You and Your Child. Houghton Mifflin Company, 1985. ....

Freeman, Lory. What Would You Do If...? A Kid's Guide to First Aid. Parenting Press, 1983. Emphasizes discussion of prevention and first aid information for children.

Geisel, Theodor (Dr. Seuss). And to Think That I Saw It On Mulberry Street. Vanguard Press, 1937. A fanciful parade develops on Mulberry Street in Springfield.

Gore, Harriet Margolis. What To Do When There's One But You. Prentice-Hall, 1984. Presents common first aid problems with step-by-step instructions for coping with them.

Hoban, Tana. I Walk and Read. Greenwillow, 1984. Color photographs introduce signs seen along the street.

Keller, Irene. The Thingumajig Book of Health and Safety. Children's Press, 1982. Important pointers about health and safety for young children.

Poulet, Virginia. Blue Bug's Safety Book. Children's Press, 1973. By observing the safety signs, Blue Bug arrives home unharmed.

Shapp, Martha. Let's Find Out About Safety. Watts, 1975. A variety of safety tips for situations at home and outside.

Tester, Sylvia Root. Magic Monsters Learn About Safety. Child's World, 1979. Youngster reviews safety rules with two magic monsters.

EXAMPLES OF HEALTH AND SAFETY CURRICULA

Aim for Health: A Comprehensive Curriculum for Teaching Healthy Habits to Young Children, by Pansy Henderson Whicker, Kaplan Press, P.O. Box 5128, Winston-Salem, N.C. 27113-5128.

Family Day Care Cassettes, Bank Street College, 610 W. 112 Street, New York, N.Y. 10025.

Heart Treasure Chest, contact your local Heart Association for further information.

Organic Puppet Theatre, by Terry Schultz and Linda Sorenson, Night Owl Press, 1537 West Iowa Avenue, St. Paul, Minn. 55108.

Ready...Set...Grow! Health Education for 3-5 Year Olds, by Paula J. Peterson, Peterson Publishing, P.O. Box 75991, St. Paul, Minn. 55175.

Safe Day Care, A Teachers Guide for Creating Safe Environments for Preschool Children, Massachusetts Department of Public Health, Division of Family Health Services, 150 Termont Street, Boston, Massachusetts 02111.

Toy Safety Curriculum, Little Leon the Lizard, U.S. Consumer Product Safety Commission, U.S. Government Printing Office, Washington, D.C. 20402.

Us in a Bus: A Transportation Manual for Head Start Programs, Project REACH, Education Development Center, 55 Chapel Street, Newton, Mass. 02160